PRINTED: 04/26/2019 FORM APPROVED

OMB NO. 0938-0391

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	СОМ	E SURVEY PLETED
		495358	B. WING				C 1/05/2019
NAME OF P	ROVIDER OR SUPPLIER		1	s	TREET ADDRESS, CITY, STATE, ZIP CODE		
				88	830 VIRGINIA STREET		N.
AMELIA N	URSING CENTER C	ORRECTED COPY		Α	MELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	survey was conducted Complaints were investignificant correction compliance with 42 C. Term Care Requirem survey/report will follow the census in this 10 90 at the time of the consisted of 43 currectosed resident revied Resident Rights/Exectore (CFR(s): 483.10(a)(1) §483.10(a) (1) §483.10(a) (1) A facility, in this section. §483.10(a)(1) A facility, in this section. §483.10(a)(1) A facility in this section. §483.10(a)(1) The facility in this section.	edicare/Medicaid standard dd 4/2/19 through 4/5/19. estigated during the survey. s are required for CFR Part 483 Federal Long ents. The Life Safety Code low. O certified bed facility was survey. The survey sample ent resident reviews and four ws. roise of Rights (2)(b)(1)(2) Rights. ght to a dignified existence, and communication with and and services inside and accluding those specified in entry and care for each and in an environment that the core enhancement of his or ognizing each resident's litty must protect and the resident. cility must provide equal the regardless of diagnosis, or payment source. A facility maintain identical policies and ransfer, discharge, and the under the State plan for all		550	The completion and submission this credible allegation compliance does not constitute admission that the facility as with the allegations in the 2567 facility is completing the allege of compliance because it is required by State and Federal law. The the alleged deficiencies as and the scope and severity at they are cited. Further, the facility accuracy of statements and information relied upon in sure of the alleged deficiencies. includes, but is not limited to alleged content / summary interviews, the timing chronological sequence of eand contact with health professionals, and the description the care provided to the resident of the facility reserves its right continue disputing, appealing contesting these alleged deficiencies and taking any action related arising therefrom in any other facility reserves of this facility that the care of this facility reserves food in a dignified manner.	of te an grees 7. The gation quired stated which acility a the other apport. This o, the care on of dents. ht to gand encies to or forum	5-9-19
LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATURE	1		TITLÉ	7	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Event ID: TLKX11

NAME OF PROMOBER OR SUPPLIER AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA. 2002 (X4)10 PREFTX PAG CONTINUE STREET ADDRESS, CITY, STATE, ZIP CODE SEND VIRGINIAS STREET AMELIA, VA. 2002 PROMOBERS PLAN OF CONSECUENCES PROFTX TAG PAST TAG PAST ON-COMPETION SHOULD BE CROSS-REPRENDED TO THE APPROPRIATE DEFICIENCY) PAST NON-compliance cannot be corrected. II The seating chart for the assisted dining room was updated by the Dietary Manager. Residents served in the restorative dining area will be served meals directly on the table and not on trays as in cafeteria style. Residents served and the same table will be served at the same table will be served at the same table will have meals fed at that table before proceeding to the next table. Employees working with residents during means from with the resident to engage the residents during the lunch meal on trays cafeteria style and not in a homelike dining manner. 2. The facility staff failed to ensure a dignified dining experience during the lunch meal on trays and ginified dining experience during the lunch meal on trays cafeteria style and not in a homelike dining manner.		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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AMELIA NURSING CENTER CORRECTED COPY SUMMARY STATEMENT OF DEFICIENCY SUMMARY STATEMENT OF DEFICIENCY REGULATORY OR ISC IDENTIFYING INFORMATION) F 550 Continued From page 1 \$483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. \$483.10(b)(T) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. \$483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility documentation review, it was determined that the facility staff failed to serve food in a dignified manner in two of one facility dining room on 4/2/19 residents were observed being served and eating the Lunch meal on trays cafeteria style and not in a homelike dining manner. 2. The facility staff failed to ensure a dignified dining experience during the lunch meal on			495358	B. WING			04/	05/2019
F 550 Continued From page 1 \$483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the United States. \$483.10(t)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, and reprisal from the facility. \$483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility documentation review, it was determined that the facility staff failed to serve food in a dignified manner in two of one facility dining room on 4/2/19 residents were observed being served and eating the lunch meal on trays cafeteria style and not in a homelike dining manner. 2. The facility staff failed to ensure a dignified dining experience during the lunch meal on			ORRECTED COPY		8	8830 VIRGINIA STREET		
\$483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. \$483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. \$483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility documentation review, it was determined that the facility staff failed to serve food in a dignified manner in two of one facility dining room on 4/2/19 residents were observed being served and eating the lunch meal on trays cafeteria style and not in a homelike dining manner. 2. The facility staff failed to ensure a dignified dining experience during the lunch meal on	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
table waiting approximately eleven minutes for her lunch meal to be served, while her tablemate's and other residents were eating their lunch meal.	F 550	§483.10(b) Exercise of The resident has the rights as a resident of or resident of the Unit §483.10(b)(1) The fact resident can exercise interference, coercior from the facility. §483.10(b)(2) The resident from the facility. §483.10(b)(2) The resident from the facility. §483.10(b)(2) The resident from the facility staff facility and to be supplexercise of his or her subpart. This REQUIREMENT by: Based on observation documentation review facility staff failed to smanner in two of one dinning room); and for residents, (Resident in the subpart of the su	of Rights. right to exercise his or her of the facility and as a citizen ted States. cility must ensure that the chis or her rights without n, discrimination, or reprisal sident has the right to be coercion, discrimination, and ity in exercising his or her orted by the facility in the rights as required under this is not met as evidenced on, staff interview, and facility w, it was determined that the serve food in a dignified facility dining rooms, (main or three of 45 sampled #501, #39 and #50). servation in the main facility or residents were observed ing the lunch meal on trays of in a homelike dining alled to ensure a dignified ring the lunch meal on 1 was observed seated at a mately eleven minutes for served, while her	F	550	Past non-compliance cannot corrected. II The seating chart for the ass dining room was updated by Dietary Manager. Residents served in the restoration dining area will be served in directly on the table and not on as in cafeteria style. Residents seated at the same time. Residents who require feeding are seated at the same table have meals fed at that table be proceeding to the next table. Employees working with resident conversation with the resident engage the residents during	isted the ve neals trays table and will efore	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING С B WING 495358 04/05/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Ш F 550 F 550 Continued From page 2 On or before May 4, 2019, the Director of Nursing, QA Nurse, 3. During a meal observation in the assisted dining room on 4/2/19, Resident #39, was not Unit Managers or designee will provided her meal and fed by CNA #7 (Certified complete an educational review for Nursing Assistant) until 12:55 p.m., approximately facility nursing staff and current 15 minutes after her tablemate began eating his agency staff on: meal. Resident #50's tablemate finished eating at F 550 regulation as it 1:04 p.m., and approximately 31 minutes elapsed to respect and pertains before staff attempted to feed Resident #50. Staff feeding residents were observed talking dignity amongst themselves and not interacting with the Serving resident food off residents they were assisting. the tray and placing it directly on to the table Serving residents seated at The findings include: the same table, at the same time. 1. On 4/2/19 at approximately 12:39 p.m., an Assisting residents that need observation was made of the first floor's main to be fed, when seated at the dining room. Eight residents sitting around four same table. different tables located near the left side of the dining room were served their meals on plates Talking with residents placed on cafeteria style trays by OSM (other during the meal to promote staff member) # 3. She then placed the trays on a dining experience the table without removing the plates, cups, and If in dining room, each utensils from the trays. The residents then ate nursing staff member can their food from the trays cafeteria style and not in assist with tray delivery and a homelike dining manner. Two out of eight resident had a BIMS (brief interview for mental feeding as needed. status) score of 13 out of 15, 13 indicating that they were cognitively intact for daily decision Newly hired nursing staff and making. These two residents didn't mind having agency staff will receive their food served on the tray. However six of eight education during orientation. resident that were cognitively impaired (they were PRN staff or those currently on not interviewable) for daily decision making were

not served in a dignified manner.

On 04/04/19 8:17 a.m., an interview was

conducted with CNA # 1. When asked about the

FMLA, LOA or vacation will receive this education prior to

beginning their next scheduled shift.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	SURVEY PLETED
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		495358	B. WING				/05/2019
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F 550	process of serving fo stated, "We serve the cart. Remove the pla placing the food plate residents. Each residents. Each residents. Each residents their ticket number." should be served the are kept there through CNA # 1 stated, "The food on the trays. We the plates from the treatment of CSM [other dietary manager] how if they are assisted do they are assisted do they are assisted of they are assisted of they are served in the same of CSM # 1 stated, "No, you are served in the same of the tray before see when asked why this OSM # 1 stated, "We residents a fine dining residents." A review of the facility documented as follow "1. All residents shall respect at all times." "2. Treated with dign assisted in maintaining self-esteem and self-	od to the residents, CNA # 1 e resident from the big tray ates from the tray before e on the table in front of the dent is served individually by When asked if residents in food on food trays which shout their dining experience, ey shouldn't be served their le are supposed to remove ay and place them on the what should have been d, "We received training from staff member # 1, the facility w to serve all residents even inners." .m., an interview was if # 1, regarding the When asked if residents oom should be served their style food trays, OSM # 1 right, all residents should be manner, and food should be erving it to the residents." s should have been done, e are working on providing and experience as all other ety's policy on "Privacy-Dignity" wed: I be treated with dignity and lity means the resident will be and and enhancing his or her	F	550	Beginning 5/6/19 the Dire Nursing (DON), Unit Mana Staff Development Coordin designee will conduct audits meal service to ensure that dimaintained in relation to: • tray delivery (one tatime and food removed off tray placed on the table dining room) • Assisting residents same table at the same table at the same table at the same all nursing staff prothe dining room assist with either delivery or assisting feeding resident indicated This audit will be conducted per week for 2 weeks, then per week for 2 weeks, then X 4 weeks, then monthly. Any discrepancy noted duraudit will be corrected at that	agers or hator or siduring ignity is able at a being ye and si, in the at the me time with hals esent in are to remeal ng with as as as a l 5 days weekly ring the	

CENTERS FOR MEDICARE & MEDICAID SERVICES

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(X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING_ С B. WING 04/05/2019 495358 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET CORRECTED COPY AMELIA NURSING CENTER AMELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES 1D (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Results of the audits will be F 550 F 550 Continued From page 4 submitted by the DON monthly to (administrative staff member) # 1, the Quality Assessment administrator, ASM # 2, director of nursing, and Performance Improvement (QAPI) ASM # 3, regional vice president of clinical committee for its review and services, were made aware of the findings. The OAPI recommendation. No further information was provided prior to exit. committee consists of the facility 2. The facility staff failed to ensure a dignified Administrator, Director of Nursing, dining experience during the lunch meal on Unit Manager, MDS nurse, Business 4/2/19. Resident #501 was observed seated at a Office Manager, Activity Director table waiting approximately eleven minutes for and the Medical Director, who her lunch meal to be served, while her attends at least quarterly. tablemate's and other residents were eating their lunch meal. Resident #501 was admitted to the facility on 12/19/18 with the diagnoses of but not limited to metabolic encephalopathy (1), Type 2 Diabetes Mellitus, high blood pressure, legal blindness, gastro-esophageal reflux disease, and osteoarthritis. Resident #501 Minimum Data Set (MDS) was an admission assessment with an Assessment Reference Date (ARD) of 12/26/18, coded Resident #501 as moderately cognitively impaired in her ability to make daily life decisions. The resident was coded as requiring setup assistance for eating. On 4/2/19 between 12:33 to 1:15 p.m., an observation was made of the main dining room. One resident, Resident #501 was sitting at a table with three other residents. On 4/2/19 at 1:06 p.m., it was observed that two people at the table with Resident #501 were served their food. At that time another resident was brought into the dining room and seated at another table behind the table Resident #501 was sitting at. The new resident received her food.

STATEMENT C	F-DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
AND PLAN OF	CORRECTION	DENTI ISLANDIA			С
		495358	B. WING		04/05/2019
	ROVIDER OR SUPPLIER	ORRECTED COPY	883	REET ADDRESS, CITY, STATE, ZIP CODE 30 VIRGINIA STREET MELIA, VA 23002	
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F 550	resident at the table served their food. Al into the dining room behind the table Res The new resident red On 4/2/19 at 1:15 p.ther food. On 4/4/19, multiple a interview Resident # #501 was not availal. On 4/4/19 at 8:17 a. conducted with CNA #1 regarding the proseated at the same don't serve the food ready." When CNA residents at a table some had not would table, CNA #1 state food until all are the served another table first table." A review of the facili documented in part, cared for in a mannenhances quality of individuality1. Redignityat all times means the resident and enhancing his of self-worth."	m., it was observed the third with Resident #501 was nother resident was brought and seated at another table sident #501 was sitting at ceived her food. m., Resident #501 received attempts were made to 1501. However, Resident ble.	F 550		
	Member) #1, the ad	Iministrator and ASM #2, the	<u> </u>		

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STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		495358	B. WING			04	/05/2019
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F 550	the findings. No furtiby the end of the sur (1) Metabolic encept a term for any diffuse alters brain function was retrieved from https://www.ninds.ni/Encephalopathy-Inf 3. During a meal obdining room on 4/2/1 provided her meal a Nursing Assistant) u 15 minutes after her meal. Resident #50' 1:04 p.m., and approbefore staff attempte Staff feeding resider amongst themselves residents they were	rsing) were made aware of her information was provided vey. malopathy: Encephalopathy is a disease of the brain that or structure. This information the control of the con	F	550			
	dementia, high bloodepression, and any recent MDS (Minimassessment with an Reference Date) of coded as severely coded as requiring activities of daily living the second of the second o	2/1/19. The resident was cognitively impaired in ability to sions. The resident was total care for all areas of ing.					
	1/27/17 with the dia	Idmitted to the facility on gnoses of but not limited to cardiomyopathy, dementia,					i X

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STATEMENT (DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X.1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495358	` '	PLE CONSTRUCTION G	**	(X3) DATE SURVEY COMPLETED C 04/05/2019	
	ROVIDER OR SUPPLIER URSING CENTER C	ORRECTED COPY		STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA, VA 23002			
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F 550	degenerative disease. The most recent MDs an annual assessme Reference Date) of 2 coded as being seve make daily life decisi coded as requiring to toileting, eating, dres	ure, glaucoma, atrial ley failure, aphasia, and e of the nervous system. S (Minimum Data Set) was nt with an ARD (Assessment l/5/19. The resident was rely impaired in ability to ons. The resident was tal care for bathing, hygiene, sing, and transfers.	F 5	50			
	observation was made room. At 12:30 p.m. being brought into the seated at table 6 by Resident #39 was bread seated at table 5 resident was observed dining room by staff. Resident #39. At 12 brining Resident #50 placing the resident	5 p.m. to 1:40 p.m., an de of the assisted care dining a resident was observed e dining room by staff and himself. At 12:33 p.m., ought into the dining room 5. At 12:34 p.m., another ed being brought into the and placed at table 5 with :38 p.m., staff was observed into the dining room and at table 4. At 12:40 p.m., a brought in by staff and a Resident #50.					
	was provided his tray #39, who arrived to t was not provided he (Certified Nursing As	ont brought in at 12:34 p.m., y at 12:40 p.m. Resident he dining room at 12:33 p.m., r meal and fed by CNA #7 sistant) until 12:55 p.m tely 15 minutes after her ing his meal.					
	Resident #50, was p	ont seated at the table with rovided her meal at 12:44 fied nursing assistant) #6 sat his resident was done with	1	H-100			
FORM CMS-25	67(02-99) Previous Versions Ob	solete Event ID: TLKX11	1	Facility ID: VA0002	If continua	ation sheet Page 8 of 167	

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AMELIA N	URSING CENTER C	ORRECTED COPY		8830 VIRGINIA STREET AMELIA, VA 23002			
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F 550	6 and began feeding 1:05 p.m. The staff of Resident #50 at this is approximately 57 mir the dining room and a fter her tablemate fi observed attempting this time, Resident #1 sleep and was not ar fed. CNA #7 closed and was observed ta resident's meal tray of was resident observed during dining and con	. CNA #6 then went to table the resident seated there at lid not attempt to feed	F	550			
	the MDS nurse, cam sat down in a chair n 6 where a resident w LPN #7 sat there for service (until at least staff who were feedindoing anything to as needed to be fed. C engaged in talking to having minimal interawere feeding. On 4/3/19 at 11:07 a #7, she stated that s choking." When inforesidents who were supervision only were side of the dining root.	c (Licensed Practical Nurse), e into the dining room and ear the window next to table has being fed by CNA #6. The remainder of the lunch 12:40 p.m.), talking to the register that the residents who still NA #6 and CNA #7 were LPN #7 and observed action with the residents they he was there "to monitor for remed it was noted that the noted that the noted is seated on the opposite of the promoted in the promoted i					

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION -		E SURVEY =
		495358	B. WING		0,	4/05/2019
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F 550	she, as an LPN was with feeding resider have. LPN #7 furth more mindful in how tables, who needs to supervision. Both it should be fed at the about engaging the residents in unrelate the staff engaging would stated she did not in the staff engaging would be fed at the issue. CAN #7 furth interacting with the and that staff who a hanging out in the end that staff who are time by two that if one resident or requires supervinces and the same time by two that if one resident at the table staff should feed the feeding at the same time gets their meal. At then staff should feed the same time, before CNA #1 stated you	strained and able to assist ats, LPN #7 stated she could be stated, "We need to be we place the residents at the obe fed and who is just esidents at a given table esame time." When asked staff who were feeding ed conversation rather than with the residents, LPN #7 realize she was doing that. a.m., in an interview with CNA residents at the same table esame time, that it is a dignity ther stated that staff should be residents and not each other; are not assisting should not be dining room during the meal. a.m., in an interview with CNA all the residents at the table to the same time. CNA #1 are two people at a table that the same time. CNA #1 stated at the table eats independently sion only, and the other erequires feeding by staff, that he resident that requires the time the independent eater ferefeeding one at the same two available to feed them at one moving to another table, should concentrate on the and interact with them, not the	• F 55			

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F 550	Continued From page 10		F t	550			
	#6, when asked about the resident seated a and then leaving the table 6 without attempt CNA #6 stated, "That done the same table, feeding both resident #6 further stated that resident eats indeper staff to feed them, the feed them should be independent eater. Obe someone there to the same table. It is for the resident." When with other staff and in assisted with the mea "Interacting with staff	n., in an interview with CNA at the observation of feeding to table 5 with Resident #50 table to feed the resident at ping to feed Resident #50, was wrong, I should have I feel there should be 2 staff as at the same time." CNA if there is a table where one indently and one requires the resident requiring staff to fed at the same time as the table where should help her at the same time at a dignity and respect issue the interval asked about interacting of the residents being al, CNA #6 stated, fouring resident meal, int is not treating the resident					
	(Administrative Staff and Director of Nursi aware of the findings provided. Reasonable Accomm CFR(s): 483.10(e)(3) §483.10(e)(3) The rig services in the facility accommodation of repreferences except v	ght to reside and receive y with reasonable esident needs and	F	558	F 558 It is the practice of this facility to residents receive services in facility with reasons accommodation of resident ne and preferences except when to so would endanger the health safety of the resident or ot residents.	the lble eds do or	5-9-19

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NAME OF DE	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CO	DDE	
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F 558	by: Based on observation interview, facility door record review, it was failed to ensure acconneeds and preference the survey sample, R. The air mattress box Resident #64's prevent independently access bathroom. The findings include: Resident #64 was access bathroom. The findings include: Resident #64 was access bathroom. The findings include: Resident #64 was access bathroom. The modition, including access bathroom including access bathroom. The most recent MD assessment, a Medic with an assessment access ment, a Medic with an assessment coded the resident access for most of decisions. The resident extensive assistance members for most of the resident was contained to the resident	n, resident interview, staff ument review, and clinical determined the facility staff mmodation of resident es for one of 47 residents in tesident #64. located on the footboard of the facility on sing her nightstand and dmitted to the facility on sithat included but were not pressure, anxiety disorder, tisease [any abnormal therosclerosis, affecting the heart (1)], and S (minimum data set) tare 30 day assessment, reference date of 3/2/19, sis scoring a "15" on the BIMS tental status) score, indicating making daily cognitive ent was coded as requiring to of one or more staff ther activities of daily living.	F	558	Prior to survey exit, R was asked to allow stather room to allow access to the entire repersonal items. She offer. The mattress arranged, by nursing states does not interfere navigating past the beautiful past the beautiful past and bather maintenance director bumper pads from the head of her bed and of plexi glass there additional room to narbed. II On 4/25/19 the Direct completed a walk-the resident room to ide were any obstacles prevent resident unhate to their personal belowere no equipment is be blocking resided personal belongings.	om and e refused s pump staff, so the with d to access room. removed a wall a placed a sto allow vigate passes to for of Nurough of entify if in room mpered a ongings. Its ssues not	ange ered her the was nat it her sher The the the the sheet her st the arsing each there as to ccess [There ed to
	A regident intensions	was conducted with Resident		1			

#64 on 4/2/19 at 2:51 p.m. Resident #64 was

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function in the room. get past the end of the to wash my hands where my hands where my hings on my night bed." Two bibles and observed on the residence of the bed was Behind the bed, attact be handicapped rails apart. The rails preventiles have a part on the wall to the left nightstand was located against the left wall. The right wall of the resident's bed, was of the bed. The distance footboard, not included two and approximated (each tile is 12 inched). The average width of (2) An interview was consuming assistant) #4 #4 was shown Residence of the room whe located with her Bible stated, "She asks us of the bed and then show the time, CNA #4	Resident #64 stated, "I can't be bed to get to the bathroom then I want. I also can't get to be stated on that side of the a music device were dent's nightstand. I want was a music device were dent's nightstan	F 55	On or before May 4, 2019 the or unit managers/designe complete educational review nursing staff and current staff regarding: • F 558 Accommod needs and preference an individe homelike environmensure that resident access to their publication during orientation PRN staff or those currents FMLA, LOA or vacation receive this education publication publication in the publication of the publica	es will ews for agency ation of nces to dualized nent to ts have personal off and the this and Any ntly on on will rior to	

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F 558	box still had to be rebed to allow the res CNA #4 stated that independent. Obseit to this interview reviself-propelling her vince Resident #64 demonstrates from Resident #64 barely through the space to bathroom. On 4/3/19 at 2:26 p conducted with admice (ASM) #1, the admice Resident #64's room this time that she cannot be to bathroom to wash the ASM #1 that she had footboard of the beget by and that is so this was okay, ASM have access to her ASM #1, ASM #2, 1 ASM #3, the vice p were made aware of at 6:02 p.m. On 4/5/19 at 1:05 p policy on accommodation of facility did not have accommodation of accommodation of	emoved from the foot of the cident to pass in a wheelchair. Resident #64 likes to be reaction of Resident #64 prior realed the resident wheelchair in the hallway. Instrated how she goes once she removes the box for me the footboard of the bed. In the footboard of the bed. In the footboard of the bed. In the reach her nightstand and for the reach her nightstand and for the resident told ASM #1 at an't get to the other side of her sible and can't get to the field as to pick up the box, on the deal of the footboard of the resident should things. The resident told ASM #1 at an't get to the field and place it on the bed, to till tight for her. When asked if the field the resident should things. The director of nursing, and resident of clinical services, of the above concern on 4/3/19 for the above concern on 4/3/19 for was made to ASM #3. At 3:13 for the survey team that the	F 558	Beginning 5/6/19 the DON Managers, Administrator designees, will conduct an arresident physical environment ensure that resident need.	or adit of ent to s and melike tion of ekly X nonths. Ing the time. Ill be ON to	

STATEMENT C	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	, ,		CONSTRUCTION	(X3) DATE COMP	
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F 558	Continued From page		F	558			
F 583 SS=D	Non-Medical Reade Chapman, page 44 (2) This information following website: thoroughlyreviewed I-chair/ Personal Privacy/C	was obtained from the com/health-beauty/best-whee onfidentiality of Records	F	583	F 583		
33-0	§483.10(h) Privacy The resident has a confidentiality of his records.	and Confidentiality. right to personal privacy and s or her personal and medical			It is the practice of this facilit maintain the residents right(s privacy and confidentiality his/her personal and medical red and to ensure residents have pro-	of ords	5-9-19
	accommodations, r telephone commun and meetings of far	nal privacy includes nedical treatment, written and ications, personal care, visits, mily and resident groups, but re the facility to provide a ch resident.			delivery of postal mail. I During survey the Activity Direction met with resident council. council voted that it would be	The	
	residents right to pright to privacy in h written, and electro the right to send ar mail and other letter materials delivered	O(h)(2) The facility must respect the hts right to personal privacy, including the privacy in his or her oral (that is, spoken), and electronic communications, including ht to send and promptly receive unopened had other letters, packages and other als delivered to the facility for the resident, and those delivered through a means other postal service.			with them, to continue without being delivered on Saturd However, on April 9, 2019 facility Activity Director rea out to the Postmaster at the post office and requested that delivery begin again at the facili Saturday mail delivery began	mail days. the ched local mail	
	and confidential pe (i) The resident has of personal and me	resident has a right to secure visional and medical records. In the right to refuse the release edical records except as $0(i)(2)$ or other applicable	1		April 13, 2019. Past non-compliance for private information protection canno corrected for Resident # 23 or #	t be	

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F 583	Office of the State Lot to examine a residen administrative record law. This REQUIREMEN' by: Based on resident in facility document rev the facility staff failed of the resident's post failed to protect their for two of six resident observation, Resident. The facility staff fidelivery for the resident they did not receive The facility staff fidelivery for the resident they did not receive The facility staff fifth abox of medicate medication cart unat name on the label, whave passed by the The facility staff fifth administration. LPN computer screen on with Resident #23's	allow representatives of the ang-Term Care Ombudsman it's medical, social, and is in accordance with State. This not met as evidenced anterview, staff interview and iew it was determined that it to provide prompt delivery it mail and the facility staff esident's private information its in the medication in #73 and Resident #23. Tailed to maintain postal mail ents on Saturdays. During in meeting, residents stated in mail on Saturdays. Tailed to protect Resident atton during medication (licensed practical nurse) #1 ion on the top of the itended with Resident #73's is isible to anyone who may medication cart. Tailed to protect Resident atton during medication in #2 was observed leaving the the medication cart open information exposed to the e surveyor and easily read in medication cart.	F	583	On 4/4/19 the facility Administre purchased a locked mail box where was mounted to the wall in facility lobby by the facility lobby by the facility lobby by the facility lobby by the facility lobby have the facility lobby with education on April 12, 2 regarding the facility internal drop box for mail delivery Saturdays. On April 13, 2019 following Postal Service mail delivery member of the activity staff be Saturday mail delivery to resid who received mail. Licensed nurses will main resident privacy and confidenti by closing the computer some when it is not in use, and secular resident personal information when it is on top of the medical cart so that it is not visible to any passing by.	hich the dility ided 2019 mail on US y, a egan dents intain dality reen, uring ation ation	
	The findings include	•	8				

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F 583	1. A group interview residents, who were at 2:30 p.m. When as Saturdays, the reside mail Monday through enough office help to An interview as cond with other staff memoffice assistant. OSM delivered to the residential comes Monday a.m. The mail is receited the put in the boxes members. The residenctivities box and that to the residents. An interview was conducted by the company of the put in the put in the boxes members. The residents. An interview was conducted by the company of the put in the put in the boxes members. The residents. An interview was conducted by the conduction of the put in th	was conducted with four cognitively intact, on 4/3/19 sked if they received mail on ents stated that they only get in Friday because there is not in hand it out on Saturdays. Bucted on 4/3/19 at 3:16 p.m., ber (OSM) #5, the business of the stated the through Friday around 11:00 eived in the front office and is (mailboxes) for the staff ent's mail is put in the ey separate it and distribute it inducted on 4/3/19 at 3:20 the business office manager. The process for mail delivery the stated that the mail is set office and anything with a transfer on stated, "We don't get mail on ays. It's been set up that way don't have an actual mail box and if the residents had access acturdays, OSM #6 stated, and the administrative in the administrative	F 58	On April 10, 2019 the A Director provided education Activity staff on: • The location of the in mailbox, how to unlo mailbox and delive mail on Saturday residents who receive Newly hired activity staff receive this education	to the Internal cock the cry of crs to mail. If will during ctivity

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AMELIA N	SUMMARY S	CORRECTED COPY TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	S 88	TREET ADDRESS, CITY, STATE, ZIP CODE 830 VIRGINIA STREET MELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B	(X5) COMPLETION DATE
PREFIX TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE DATE
F 583	On 4/4/19 at 9:34 a. I did not have a writte ASM #1 stated, "Afte on a history of 15 -2 the post office not to because it was in the available for everyor the admissions office collected on the week facility on Monday mis following the regular have to check the remade aware of the admission of mail to residents. No further information. LPN left a box of medica medication cart una name on the label, whave passed by the Resident #73 was a 1/11/19 with the dia stroke, heart failure pulmonary disease type 2 diabetes med Minimum Data Set assessment with an (ARD) of 1/18/19 cono cognitive impaired daily life decisions. requiring setup assistance for hygical assistance for hygical strokes in the company disease type 2 dispetes medically life decisions.	m., ASM #1 stated the facility in policy on mail delivery. For talking to my staff, based to years ago, they requested deliver mail on Saturdays, ose big plastic bins and it was not to see. There is no one in the to receive it. Any mail extends is brought to the hornings." When asked if this lations, ASM #1 stated, "I'd regulations." ASM #1 was above concern for no delivery on Saturdays. In was provided prior to exit. Failed to protect Resident action during medication (licensed practical nurse) #1 tion on the top of the ttended with Resident #73's visible to anyone who may medication cart.	F 583	On or before May 4, 2019 the D Unit Managers or designee(s) conduct an educational review current licensed staff as wel current agency staff regarding: • F 583: Privacy confidentiality of resi personal and me records • Keeping the comp	will y for l as and ident dical puter uring way' the away en nal / ation of or ation be and this Any y on will or to

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F 583	bathing; and as occa bladder and continent of the contine	sionally incontinent of at of bowel. m., to 8:16 a.m., an ation administration was gensed Practical Nurse) #1 istering medications during tent. m., LPN #1 was observed ident #73's Anoro Ellipta (2) art with the label facing contained Resident #73's deasily to read by this and by the medication cart. And walking away from the cart minister Resident #73's orm. However, the Anora mained on the top of the tended with Resident #73's sible to anyone who may medication cart. No one was past the medication cart at a past the medication administration can be the pills, check the orders onic mediation administration can be the pills, check the orders onic mediation administration can be the pills, check the orders onic mediation administration can be the door and greet them. Then I close the rou can't see the screen and can't see the screen and the they take their medication. It is as I leave or use sanitizer."	F	583	IV Beginning 4/13/14, the According Director will complete a waudit of resident mail deliverence ensure that residents, who remail, have it delivered to the Saturdays. This audit will be conducted to Activity Director weekly X 4 to ensure that the process is flow smoothly. Any discrepancy during the audit will be address that time. Results of the audit will submitted monthly, by the According to the QAPI committed its review and recommendation. Beginning 5/6/19, the DON, managers or designee will conducted audits of resident perinformation to ensure privactive verify that: Computer screens are left up during mediting pass if the nurse walks from the cart. Medication and treat cart tops do not consident information is private.	eekly ry to ceive m on by the weeks owing noted sed at l be ctivity ee for us. Unit onduct rsonal y and e not cation away timent ontain	
	about the process for LPN #1 stated, "I poin the eMAR (electrorecord). I don't check resident does not tall computer down soly lock the cart. I knock I stay with them whithen wash my hand. When asked about computer screen on	or administering medication. In the pills, check the orders onic mediation administration ock them off yet, in case the ke them. Then I close the rou can't see the screen and ock on the door and greet them. He they take their medication. It is as I leave or use sanitizer."			pass if the nurse walks from the cart Medication and trea cart tops do not c resident information	away tment ontain	

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F 583	that." When asked a of the medication can have the top cleared resident information, When asked about the patient label visible to stated, "It should not a review of the facilit Information" docume shall treat all resident confidentially1. The resident recordsto the information." A review of the facility Medications are admaptropriately to aid relieve and prevent addingnosis Wash has administration of meappropriate Medicopen and unattended be up with the Residis unattended." On 4/4/19 at 4:15 Pl Member) #1, the addinglow the end of the sure and of the sure (1) Chronic Obstructions it hard for your types are chronic brother main cause of the sure of the main cause of the sure of the sure of the main cause of the sure of the sure of the main cause of the sure of the sure of the main cause of the sure of the	antability Act) violation if I did bout leaving items on the top tt, LPN#1 stated, "You should off so no one can see any and keep the cart locked." eaving a medication box with anyone walking by LPN#1 be left on the cart." By's policy "Confidentiality of ented in part, "Our facility information a facility will safeguard all protect the confidentiality of ented in part, "All ininistered safely and residents to overcome illness, symptoms, and help in ands before and after each dication or hand sanitizer as ation cart is not to be left d. Computer screen is not to dent information when the cart with ASM (Administrated Staff ministrator, and ASM #2, the irsing) were made aware of ther information was provided	FS	This audit will be compall 3 shifts and be conduper week for 2 weeks, per week for 2 weeks the 8 weeks. Any discrepturing the audit will be a that time. Results of the audit submitted, by the DON, the QAPI committee for and recommendations.	then 2 days then 2 days en weekly X bancy noted addressed at t will be monthly to	

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F 583	This is usually cigare chemical furnes, or or information was obta https://vsearch.nlm.rmeta?v%3Aproject=medlineplus-bundled441.566140716.1522321 (2) Anoro Ellipta: us obstructive pulmona chronic bronchitis, ebreathing. ANORO is rinformation was obta https://www.anoro.com/limits/w	ette smoke. Air pollution, dust can also cause it." This ained from the website: nih.gov/vivisimo/cgi-bin/query- medlineplus&v%3Asources= &query=copd&_ga=2.160000 2143307-139120270.147794 ed long term to treat chronic ary disease (COPD), including emphysema, or both, for better is not used to treat sudden and won't replace a rescue not for asthma. This ained from the website: com/ failed to protect Resident ation during medication #2 was observed leaving the intermedication cart open information exposed to the ne surveyor and easily read	F 58	33		

NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER CORRECTED COPY (X4)D (X4)D (RA)D (RA		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			ONSTRUCTION	(X3) DATE	
NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER CORRECTED COPY (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 583 Continued From page 21 medication administration was performed. LPN (Licensed Practical Nurse) #2 was observed administering medications during this time to one resident. On 4/3/19 at 8:21 a.m., LPN #2 was observed leaving the computer screen on the medication cart. LPN #2/3's information exposed to the hallway, visible to the surveyor and easily read when walking by the medication cart. LPN #2/3's medication in her room. However, the computer screen with Resident #2/3's information remained visible to anyone who may have walked past the medication cart. No one was observed to walking past the medication cart at this time. On 4/4/19 at 12:38 p.m., an interview was conducted with LPN #2 about the process for administering medication. LPN #2 stated, "I do the rights: time, route, resident, dosage, you know all five. I ensure privacy and knock before I enter a resident's room. I introduce myself. I state why I am there. I check all identifiers; armband, room, and the resident's picture on the computer screen; When alked about not closing or lowering a computer screen on the medication cart. LPN #2 stated, "When I leave the cart, my screen; When sinch adout not closing or lowering a computer screen on the medication cart. When I leave the cart, my screen; When sinch adout not closing or lowering a computer screen on the medication cart. When I leave the cart, my screen; when sinch above observation is locked. Everything is turned over su no one could see: "When I lowed of the cart in y screen is down and the cart is locked. Everything is turned over su no one could see: "When I lowed of the cart is locked. Everything is turned over su no one could see: "When I lowed or the cart is locked. Everything is turned over su no one could see: "When I lowed or the cart is locked. Everything is turned over su no one could se			IDENTIFICATION NUMBER:	A, BUILDI	NG			
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F 583 Continued From page 21 medication administration was performed. LPN (Licensed Practical Nurse) #2 was observed administering medications during this time to one resident. On 4/3/19 at 8:21 a.m., LPN #2 was observed leaving the computer screen on the medication cart open with Resident #2/3's information exposed to the hallway, visible to the surveyor and easily read when walking by the medication cart. LPN #2 was observed walking away from the cart in the hallway to administer Resident #23's medication in her room. However, the computer screen with Resident #23's information remained visible to anyone who may have walked past the medication cart. At this time. On 4/4/19 at 12:38 p.m., an interview was conducted with LPN #2 about the process for administering medication. LPN #2 stated, "I do the rights: time, route, resident, dosage, you know all five. I ensure privacy and knock before I enter a resident's room. I introduce myself. I state why I am there. I check all identifiers; armband, room, and the resident's picture on the computer screen." When asked about not closing or lowering a computer screen on the medication cart, LPN #2 stated, "When I leave the cart, my screen is down and the cart is locked. Everything is turned over so no one could see." When informed of the above observation					8830	VIRGINIA STREET		
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and asked if it was a problem to leave the computer screen open, LPN #2 stated, "Oh yes! HIPAA (Health Insurance Portability and Accountability Act). People could see the resident's name. I should not have left the screen up."	F 583	medication administr (Licensed Practical Nadministering medication) administering medicates administering medicates and the computer cart open with Reside exposed to the hallwand easily read whe cart. LPN #2 was of the cart in the hallward was a medication in computer screen with remained visible to a past the medication to walking past the medication to walking past the round with LPN administering medication the rights: time, round know all five. I ensure the rare a resident's round the rights: time, round know all five. I ensure the rare are sident's round the rights: time, round know all five. I ensure the cart, my screen. It closing or lowering medication cart, LP the cart, my screen locked. Everything see." When informand asked if it was computer screen of HIPAA (Health Insu Accountability Act), resident's name.	ration was performed. LPN Nurse) #2 was observed ations during this time to one m., LPN #2 was observed r screen on the medication lent #23's information vay, visible to the surveyor n walking by the medication bserved walking away from ay to administer Resident her room. However, the th Resident #23's information anyone who may have walked cart. No one was observed medication cart at this time. a.m., an interview was I #2 about the process for cation. LPN #2 stated, "I do te, resident, dosage, you ure privacy and knock before I com. I introduce myself. I c. I check all identifiers; d the resident's picture on the When asked about not a computer screen on the N #2 stated, "When I leave is down and the cart is is turned over so no one could ed of the above observation a problem to leave the one, LPN #2 stated, "Oh yes! crance Portability and People could see the	F	583			

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OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING C B. WING 04/05/2019 495358 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET CORRECTED COPY AMELIA NURSING CENTER AMELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 583 F 583 | Continued From page 22 On 4/4/19 at 4:15 PM, ASM (Administrated Staff Member) #1, the administrator, and ASM #2, the DON (Director of Nursing) were made aware of the findings. No further information was provided by the end of the survey. (1) Chronic Obstructive Pulmonary Disease makes it hard for you to breathe. The two main types are chronic bronchitis and emphysema. The main cause of COPD is long-term exposure to substances that irritate and damage the lungs. This is usually cigarette smoke. Air pollution, chemical fumes, or dust can also cause it." This information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/querymeta?v%3Aproject=medlineplus&v%3Asources= medlineplus-bundle&query=copd&_ga=2.160000 441.566140716.1522143307-139120270.147794 2321 (2) Solidary Pulmonary Nodule: is an isolated, single lesion in a round or oval shape with a diameter of ?3 cm (centimeters) in lung parenchyma (the portion of the lung involved in gas transfer), surrounded entirely by gas-containing lung tissue. This information was obtained from the website: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC38 F 607 It is the practice of this facility to 86703/ F 607 Develop/Implement Abuse/Neglect Policies maintain F 607 written policies CFR(s): 483.12(b)(1)-(3) procedures which provide protections for the health, welfare §483.12(b) The facility must develop and and rights of each resident residing implement written policies and procedures that: in the facility and to implement the §483.12(b)(1) Prohibit and prevent abuse,

abuse

Facility ID: VA0002

policies

allegations of abuse

for

reporting

neglect, and exploitation of residents and

STATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION	(X3) DATE	SURVEY LETED
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F 607	subsection of the state of the administrator for on 10/21/18. An em.	ish policies and procedures ch allegations, and e training as required at is not met as evidenced view, facility document ecord review, it was by staff failed to implement reporting allegations of residents in the survey 63, #146, #53 and #16. illed to implement their Resident #63's allegation of to the state agency and cies. On 12/28/18, Resident illity staff of the allegation of ty staff failed to report the e agency until 1/2/19. illed to implement their abuse agency until 1/2/19. illed to implement the policies arting an allegation abuse to Resident #16 that occurred ployee did not report the ninistrator until 10/29/18, eight	F	607	Past non-compliance of reporting allegation of abuse tipe completing an investigation submitting results of investigation within 5 working for Resident's #16, #53, #63 & #146, cannot be correct Resident #146 no longer resident facility. Employee LPN #11 no leave works at the facility. Employee OSM #8 no longer wat the facility II Facility staff will follow policy procedure to immediately notify Administrator of allegation abuse, neglect and exploitation residents and misappropriation resident property. Such allegations and if an allegating abuse, within 2 hours. Allegating will be investigated, and result the investigation(s) submitted State Agency within 5 wordsystem.	mely, an or an days ected. les in onger works y and by the s of on of ations ls per on of ations lts of to the	

	OF DEFICIENCIES CORRECTION	(X1)- PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION,		SURVEY LETED
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F 607	policies for reporting abuse within 2 hours other required agence #63 informed the facility allegation to the staff Resident #63 was a facility on 1/12/18, w 2/1/19 with diagnost limited to: morbid ob pressure, and congecondition characterical others.		F	607	An audit was conducted by S services / designee on 4/24/1 4/25/19 for Residents with BIN 8 & above to determine if were any residents with conthat they wish to report. concerns related to abuse reported. On 4/24/19 & 4/25/19 the I Unit Managers or licensed in conducted skin assessments residents with BIMS 7 & belong the service of the service were any identified which would include abuse. There were no negligible.	9 & As of there cerns No were DON, nurses s on Dow to assues dicate	
	assessment, a Med with an assessment coded the resident coded the resident was codecisions. Resident rejected care daily of the resident was coded assistance of two stactivities of daily liv resident was coded once set up assistance A Facility Reported documented, "Reported documented, "Reported documented, "Resident noted on massistance of two stactivities of daily liv resident was coded once set up assistance of two stactivities of daily liv resident was coded once set up assistance of two stactivities of daily liv resident noted on the following the fol	icare 30 day assessment, treference date of 3/1/19, as scoring a "15" on the BIMS mental status) score, indicating gnitively intact to make daily a #63 was coded as having during the look back period. Each order as requiring extensive taff members for most of her ing, including transfers. The it as being able to feed herself ince was provided. Incident (FRI) dated 1/2/19, out date: 1/2/19. Incident Date out further documented, 12/12/18 to have a fall. On reported to have arm and			willconducted an educational refor facility staff on: • F 607- as it pertain recognition, prevention reporting abuse and neimmediately to Administrator. • Update and location department head and facility and department head and department he	ignee eview ns to n and eglect the n of acility phone	

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	SUMMARY ST	ORRECTED COPY ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	8.	RITREET ADDRESS, CITY, STATE, ZIP CODE 830 VIRGINIA STREET AMELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 607	when resident was he Investigation initiated was documented und involved." The "Final documented, "On 1/2 regarding an injury for reported that she did she fell but that the reported that she did she fell but that the repractical nurse-#11) off the floor. This nur until 12/28/18 when her concern." Under, notification provided 12/12/2018; Physicial documented notification professionals) or Law completed by ASM #4 had interview was considered to reside the one who had knowledge ASM #2 stated, "At the had five days to get the requirements for ASM #2 was asked reporting suspected misappropriation of the facility policy, AS send it to the ombud department of social the outcome, to the asked who is responsed to the profession provided the outcome, to the asked who is responsed to the profession provided the outcome, to the asked who is responsed to the profession provided that the profession provided the profession provided that the provided that the provided that the profession provided that the provide	that the injury occurred elped up off of floor. "The name of an employee der "Name of Employee Report" dated, 1/7/19, 2/19 you were contacted or Resident (#63). Resident not injure her left arm when nurse (LPN - licensed pulled on her arm to get her se was not informed of this the resident came to express "If applicable, date to: Responsible party - an - 12/12/18." There was no tion to APS (adult protective artment of health or Enforcement. This FRI was 12. Inducted with ASM member) #2, the director of the completed the FRI at 3:33 p.m. When asked export the FRI on 1/2/19 when of the allegation on 12/28/18, my last facility, I thought we it in. Since then I've been told reporting within two hours."	F 607	agency staff will receive education during orientation. PRN staff or those currently FMLA, LOA or vacation receive this education price beginning their next scheduled. On or before May 4, 2019 eith Regional Director of Operation Regional VP Clinical Services conduct an educational reviet the facility Administrator Director of Nursing regarding: • F 607 as it pertain reporting abuse with hours to the state a and other required age completing an investing and submitting a final to the State Agency with working days. Newly hired department directive this education in the state of the state of the state and will receive this education.	this Any y on will or to shift er the ens or s will w for and ns to nin 2 gency encies, gation report ithin 5 rectors during current LOA

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F 607	Continued From pag nurse on the floor is two hour time frame. An interview was con administrator, on 4/4 about the process for abuse or mistreatments as it is reported to an be reported to myse we determine that it a two-hour window. member, it should be the final report, I have completed. When as initiated for this, ASI #2) a copy of the face entities so she woul She and I talked about The facility policy, "/4. Identification: be identify, correct and which abuse, negler resident property is Immediately following safety, staff are to repose to the observation of abus of nursing, administ member5. Investig immediately review or observations of a	e 26 responsible to send it in the		607	IV Beginning 4/29/19 the fa Administrator will maintain audit sheet for allegations of to track the timeliness of reporting to the Administrator.	cility an abuse staff rator, abuse gency of the other gation State g the me. ys per will nthly, to the	
	administrator or his representative and with State law, included Agency, within 2 hotalleged violation is action must be take	or her designated to other officials in accordance uding to the State Survey ours of the incident, and if the verified, appropriate corrective en. 6. Protection: a. In the on or observation of abuse,					A STATE OF THE STA

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CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 04/05/2019 495358 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES COMPLÉTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 607 Continued From page 27 the facility will immediately assess the resident, notify the physician and resident representative and protect the resident and other residents from further harm or incident. d. When specific staff is identified as being allegedly involved in the abuse allegation, the staff may be re-assigned or suspended during the investigation 7. Reporting: a. The organization will maintain systems to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made." Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional vice president of clinical services, were made aware of the above concern on 4/4/19 at 6:48 p.m. No further information was provided prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 138. 2. The facility staff failed to implement their abuse policies and procedures for a resident-to-resident incident between Resident #146 and Resident #53. The facility staff submitted a FRI (facility reported incident) on 10/26/19 for the incident but failed to conduct an investigation and failed to submit a final report to the State Agency within five working days Resident #146 was admitted to the facility on 2/1/18 with diagnoses that included but were not

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED C	
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F 607	condition characterize or staying asleep (1) (minimum data set) achange assessment reference date of 1/3 scoring a "3" on the mental status) score impaired to make daresident was coded assistance to being for her activities of decisions. The resident was early 16/09 with diagram of limited to: high be and intellectually disgeneral intelligence and they have difficiently intelligence and long term mem severely impaired to decisions. The resident extensive assistance most of her activities. The FRI (facility rep. 10/26/18, documen 10/26/18. Incident (Resident #146). Neparated. Employer Resident separated.	depression and insomnia [a seed by difficulty falling asleep assessment, a significant with an assessment as BIMS (brief interview for a indicating she was severely ally cognitive decisions. The as requiring extensive totally dependent upon staff laily living. Idmitted to the facility on coses that included but were blood pressure, kidney stones, asabled [persons whose is significantly below average, ally adapting to their the most recent MDS assessment, a quarterly assessment reference date are resident as having both short ory difficulties and being the make daily cognitive dent was coded as requiring the of one staff member for	F 607			

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TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (C (X3) DATE SURVEY	
		495358	B. WING		04/05/2019
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F 607	the process for repormistreatment. ASM reported to any staff reported to myself of director of nursing), should be reported it's involving a staff to all entities. For the working days to get a copy of the facility 10/26/18 incident by Resident #146 was approximately 5:00 ASM (administrator, infor locate an investigathere was no final the knowledge. Administrative staff administrator, ASM and ASM #3, the reservices, were made on 4/4/19 at 6:48 p. No further information following website: https://www.health.	member) #1, the 4/19 at 3:45 p.m., regarding orting allegations of abuse or #1 stated as soon as it is fin the building, it is to be or (Name of ASM #2, the Once we determine that it we have a two-hour window. If member, it should be reported the final report, I have five the tit completed. The stated on 4/3/19 at p.m. At 5:32 p.m. on 4/4/19, the staff member) #1, the med this surveyor he could not tion on this FRI and stated report submitted to his If member (ASM) #1, the M #2, the director of nursing, the director of nursing, de aware of the above concern the material investigation of the member (ASM) #1, the M #2, the director of nursing, the director of nursing, the director of the above concern the material investigation of the member (ASM) #1, the M #2, the director of nursing, the material investigation of the member (ASM) #1, the M #2, the director of nursing, the material investigation of the member (ASM) #1, the M #2, the director of nursing, the material investigation of the member (ASM) #1, the M #2, the director of nursing, the material investigation of the member (ASM) #1, the M #2, the director of nursing, the material investigation of the member (ASM) #1, the M #2, the director of nursing, the material investigation of the member (ASM) #1, the M #2, the director of nursing, the material investigation of the member (ASM) #1, the M #2, the director of nursing, the member (ASM) #1, the M #2, the director of nursing, the member (ASM) #1, the M #2, the director of nursing, the member (ASM) #1, the M #2, the director of nursing, the member (ASM) #1, the M #2, the director of nursing, the member (ASM) #1, the M #2, the director of nursing, the member (ASM) #1, the M #2, the director of nursing, the member (ASM) #1, the M #2, the director of nursing, the member (ASM) #1, the M #2, the director of nursing, the member (ASM) #1, the M #2, the director of nursing, the member (ASM) #1, the M #2, the director of nursing, the member (ASM) #1, the M #2, the director of nursing, the member (ASM) #1, the M #2,	F 607		

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	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A, BUILDING			(X3) DATE SURVEY COMPLETED C		
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F 607	Continued From pagaspx 3. The facility staff far for immediately reported the administrator for on 10/21/18. An emallegation to the admidays after incident on the staff facility after incident on the staff facility and the staff facility random contraction causing irregular be resulting in decreasion causing irregular be resulting in decreasion to the conduct disorder. The most recent MI assessment referent resident as scoring interview for mental was capable of make the facility report date: 2900 210CT2018. Described facility report date: 2900 210CT	e 30 iiled to implement the policies rting an allegation abuse to Resident #16 that occurred ployee did not report the innistrator until 10/29/18, eight ccurred. dmitted to the facility on sees that included but were not dipressure, heart failure, atrial on characterized by rapid and of the atria of the heart ats of the ventricles and ed heart output and frequently atria (1)] and unspecified OS (minimum data set) terly assessment, with an ce date of 1/10/19, coded the a "14" on the BIMS (brief status) score, indicating he sing daily cognitive decisions. Orted incident) documented, T2018. Incident Date: ibe the incident, including taken: It was reported to OCT2018 from dietary [other staff member (OSM) bloyee [Name of OSM #8, the	F 6			
	resident (Resident : 210CT 2018 in the reported that (OSM order except for (Resident : Resident : R	ntentionally did not take #16)'s meal order on Sunday main dining room. It was #8) took everyone else's esident #16). Administrator ve staff member #1) was out				li li

PRINTED: 04/26/2019 FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY. (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A. BUILDING_ С

AND PLAN OF CORRECTION 04/05/2019 R WING 495358 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET CORRECTED COPY AMELIA NURSING CENTER AMELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 607 F 607 Continued From page 31 on medical leave 22-26OCT2018, and this is why (OSM #7) decided to wait to report it to the Administrator." An interview was conducted with ASM #1, the administrator, on 4/4/19 at 3:45 p.m., regarding the process for reporting allegations of abuse or mistreatment. ASM #1 stated as soon as it is reported to any staff in the building, it is to be reported to myself or (Name of ASM #2). Once we determine that it should be reported we have a two-hour window. If it's involving a staff member, it should be reported to all entities. For the final report, I have five working days to get it completed. When asked if an action plan was initiated for this, ASM #1 stated, "No, I gave (ASM #2) a copy of the fax cover sheets for all four entities so she would have them for future use. She and I talked about the two hour window." On 4/5/19 at 8:15 a.m., ASM #1 presented education on timely reporting documentation, dated 3/7/19. Review of the education revealed the documented signatures of the interdisciplinary team. When asked if the rest of the staff has been educated in timely reporting of abuse allegations, ASM #1 stated they have not taught them that as of this date. Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional vice president of clinical services, were made aware of the above concern on 4/4/19 at 6:48 p.m. No further information was provided prior to exit.

(1) Barron's Dictionary of Medical Terms for the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION, A, BUILDING		(X3) DATE SURVEY COMPLETED C	
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F 609 SS=E	Chapman, page 55. Reporting of Alleged CFR(s): 483.12(c)(1) §483.12(c) In response neglect, exploitation must: §483.12(c)(1) Ensurinvolving abuse, negmistreatment, include source and misapprare reported immedia hours after the allegate that cause the allegate serious bodily injury the events that cause and do not rethe administrator of officials (including to adult protective services for jurisdiction in long accordance with Staprocedures. §483.12(c)(4) Repositivestigations to the designated representations accordance with Staprocedures with Stapropriate corrections accordance with Stapropriate corrections REQUIREMENTS. Based on staff intereview, and clinical	Violations (A) Note to allegations of abuse, or mistreatment, the facility e that all alleged violations glect, exploitation or ing injuries of unknown opriation of resident property, lately, but not later than 2 ation is made, if the events ation involve abuse or result in or not later than 24 hours if se the allegation do not involve esult in serious bodily injury, to the facility and to other or the State Survey Agency and vices where state law provides ig-term care facilities) in ate law through established	F 609	F 609 It is the practice of this facility all alleged violations involabuse, neglect, exploitation mistreatment, including injurie an unknown source misappropriation of responsive property are reported immediate to the Administrator of the facility of the facility or completing investigation or submitting resure an investigation within 5 wordsys for Resident's #16, #53, # # 146, cannot be corresponding to the facility.	or es of and ident ately, cility lance orting an alts of rking e63 & ected.	

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CENTERS FOR MEDICARE	S MEDICAID SERVICES		
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
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F 609	Continued From page		F 609		
	than 2 hours and/or fagency the final findifour residents in the #63, #146, #16, #53 1. The facility staff fa 2 hours) report, Resiabuse to the state agaccordance with Staprocedures. On 12/2 the facility staff of the facility staff failed to state agency until 1/2	iled to immediately (or within dent #63's allegation of gency and to other officials in te law through established 8/18, Resident #63 informed a allegation of abuse, and the report the allegation to the 2/19.		Department head telephone have been updated, and placed the unit communication book ensure timely notification to facility Administrator of an all violation. Facility staff will follow polic procedure to immediately notification abuse, neglect and exploitation residents and misappropriation resident property. Such alleg will be reported to state official	y and fy the as of on of ations
	reported incident) or resident-to-resident #146 and Resident investigation and rep	submitted a FRI (facility in 10/26/19 for a incident between Resident #53, but failed to complete an port the results to the State officials within five working		regulations and if an allegation abuse, within 2 hours. Alleg will be investigated, and result the investigation(s) submitted State Agency within 5 windays.	to the
	allegation abuse for on 10/21/18 to the sofficials in accordant established procedure reported until 10/29, incident occurred) a protective services. The findings includes 1. The facility staff for 2 hours) report, Reservices.	ailed to immediately (or within sident #63's allegation of		An audit was conducted by Services/designee on 4/24/4/25/19 for Residents with B 8 & above to determine it were any residents with contact they wish to report concerns related to abuse reported.	IMs of there oncerns t. No
	abuse to the state a	igency and to other officials in	4	t .	

accordance with State law through established

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(XZ) MOZIN CZ GONG		(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING _		C
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F 609	the facility staff of the facility staff failed to state agency until 1/2 Resident #63 was ad facility on 1/12/18, w 2/1/19 with diagnose limited to: morbid ob pressure, and conge condition characteriz and retention of salt (1)]. The most recent MD	8/18, Resident #63 informed e allegation of abuse, and the report the allegation to the 2/19. Idmitted to the facility to the ith a recent readmission on as that included but were not esity, diabetes, high blood stive heart failure [abnormal and water by the kidneys	F 609	Unit Managers or license conducted skin assessm residents with BIMS 7 & determine if there were ar identified which would abuse. There were no findings.	d nurses ents on below to ny issues indicate negative
	with an assessment coded the resident a (brief interview for me the resident was code decisions. Resident rejected care daily of the resident was codes assistance of two stactivities of daily living resident was coded once set up assistance. A Facility Reported documented, "Reported documented, "Reported documented, "Resident noted on 12/28/18, Resident wrist pain and state when resident was Investigation initiate was documented up involved." The "Final resident was documented up involved."	care 30 day assessment, reference date of 3/1/19, as scoring a "15" on the BIMS sental status) score, indicating entitively intact to make daily #63 was coded as having furing the look back period, and as requiring extensive aff members for most of her ng, including transfers. The as being able to feed herself ance was provided. Incident (FRI) dated 1/2/19, and date: 1/2/19. Incident Date art further documented, 12/12/18 to have a fall. On reported to have arm and dothat the injury occurred helped up off of floor. Ind." The name of an employee ander "Name of Employee al Report" dated, 1/7/19, 1/2/19 you were contacted		exploitation mistreatment, in	rtains to iolations neglect, or ncluding unknown opriation timely cation of updated d facility phone

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DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA : STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A. BUILDING_ AND PLAN OF CORRECTION С 04/05/2019 B. WING 495358 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET CORRECTED COPY AMELIA NURSING CENTER AMELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Newly hired nursing staff and Continued From page 35 agency staff will receive regarding an injury for Resident (#63). Resident education during orientation. reported that she did not injure her left arm when PRN staff or those currently on she fell but that the nurse (LPN - licensed FMLA, LOA or vacation will practical nurse-#11) pulled on her arm to get her receive this education prior to off the floor. This nurse was not informed of this until 12/28/18 when the resident came to express beginning their next scheduled shift her concern." Under, "If applicable, date notification provided to: Responsible party -12/12/2018; Physician - 12/12/18." There was no documented notification to APS (adult protective the facility Beginning 4/29/19 services), DHP (department of health Administrator will maintain an professionals) or Law Enforcement. This FRI was audit sheet for allegations of abuse completed by ASM #2. to track the timeliness of staff reporting to the Administrator, An interview was conducted with ASM (administrative staff member) #2, the director of timeliness of reporting allegations of nursing, the one who completed the FRI abuse to the State Agency within 2 reporting, on 4/4/19 at 3:33 p.m. When asked completion of hours, why she waited to report the FRI on 1/2/19 when investigation, protection of other she had knowledge of the allegation on 12/28/18, residents during the investigation ASM #2 stated, "At my last facility, I thought we and submission of the investigation had five days to get it in. Since then I've been told the requirements for reporting within two hours." within 5 working days to the State ASM #2 was asked about the requirements for Agency. reporting suspected abuse, neglect or Any discrepancy noted during the misappropriation of resident property according to audit will be corrected at that time. the facility policy, ASM #2 stated, "We need to send it to the ombudsman, (state agency), department of social services and depending on The audit will take place 5 days per the outcome, to the board of nursing." When The facility week for 8 weeks. asked who is responsible for reporting to the state Administrator will submit results of agency, ASM #2 stated, "Either (Name of the audit monthly, and as necessary administrator) or myself. If we are not here, the via ad hoc, to the QAPI committee nurse on the floor is responsible to send it in the for its review and recommendations two hour time frame."

Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional vice president of clinical

PRINTED: 04/26/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING C 495358 04/05/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 609 F 609 Continued From page 36 services, were made aware of the above concern on 4/4/19 at 6:48 p.m. No further information was provided prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 138. The facility staff submitted a FRI (facility reported incident) on 10/26/19 for a resident-to-resident incident between Resident #146 and Resident #53, but failed to complete an investigation and report the results to the State Agency and to other officials within five working days. Resident #146 was admitted to the facility on 2/1/18 with diagnoses that included but were not limited to: dementia, depression and insomnia [a condition characterized by difficulty falling asleep or staying asleep (1)]. The most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date of 1/3/19, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating she was severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance to being totally dependent upon staff

for her activities of daily living.

Resident #53 was admitted to the facility on 10/16/09 with diagnoses that included but were not limited to: high blood pressure, kidney stones, and intellectually disabled [persons whose general intelligence is significantly below average,

and they have difficulty adapting to their

STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED C
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F 609	(minimum data set) assessment, with an of 2/8/19, coded the and long-term mem severely impaired to decisions. The resident extensive assistant most of her activities. The FRI (facility rep. 10/26/18, documen 10/26/18. Incident (Resident (Resident (Resident #146). N separated. Employ Resident separated provided." An interview was confident to any start administrator, on 4 the process for represented to myself director of nursing should be reported to any start and to all entities. For the working days to get approximately 5:00 ASM (administration, information and the sesident #146 was approximately 5:00 ASM (administration, informatical information).	assessment, a quarterly assessment a quarterly assessment reference date resident as having both short ory difficulties and being amake daily cognitive dent was coded as requiring se of one staff member for so of daily living. borted incident) dated dated in part, "Date of report date: 10/26/18. Describe #53) was kicked in left shin by o injury assessed. Residents see action initiated or taken: d and 1:1 (one to one) onducted with ASM orting allegations of abuse or M#1 stated as soon as it is off in the building, it is to be or (Name of ASM #2, the d). Once we determine that it d we have a two-hour window. If of member, it should be reported the final report, I have five	F 609		

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	DF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ((X3) DATE SURVEY COMPLETED C
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F 609	administrator, ASM and ASM #3, the reg services, were made on 4/4/19 at 6:48 p.r. No further information (1) Barron's Dictional Non-Medical Reader Chapman, page 300 (2) This information following website: https://www.healthy.ues/conditions/deveoutlook-for-Childrenaspx 3. The facility staff fallegation abuse for on 10/21/18 to the sofficials in accordar established procedure ported until 10/29 incident occurred) a protective services. Resident #16 was a 4/18/13 with diagnoral incident contraction causing irregular becausing irregular because in a dispersion of the process	member (ASM) #1, the #2, the director of nursing, gional vice president of clinical e aware of the above concern m. on was provided prior to exit. ery of Medical Terms for the er, 5th edition, Rothenberg and 0. was obtained from the children.org/English/health-iss elopmental-disabilities/Pages/ n-with-Intellectual-Disabilities. erailed to report immediately an r Resident #16 that occurred estate agency and to other face with State law through ures. The allegation was not end was not reported to adult eadmitted to the facility on the sest that included but were not end pressure, heart failure, atrial on characterized by rapid and of the atria of the heart eats of the ventricles and	F 609		
1	clot formation in the	sed heart output and frequently eatria (1)] and unspecified			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A. BUILDING AND PLAN OF CORRECTION 04/05/2019 B. WNG 495358 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET CORRECTED COPY AMELIA NURSING CENTER AMELIA, VA 23002 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG F 609 Continued From page 39 F 609 conduct disorder. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 1/10/19, coded the resident as scoring a "14" on the BIMS (brief interview for mental status) score, indicating he was capable of making daily cognitive decisions. The FRI (facility reported incident) documented, "Report date: 29OCT2018. Incident Date: 21OCT2018. Describe the incident, including location and action taken: It was reported to Administrator on 29OCT2018 from dietary employee, name of [other staff member (OSM) #7] that dietary employee [Name of OSM #8, the dietary employee] intentionally did not take resident (Resident #16)'s meal order on Sunday 21OCT 2018 in the main dining room. It was reported that (OSM #8) took everyone else's order except for (Resident #16). Administrator (ASM - administrative staff member #1) was out on medical leave 22-26OCT2018, and this is why (OSM #7) decided to wait to report it to the Administrator." An interview was conducted with ASM #1, the administrator, on 4/4/19 at 3:45 p.m., regarding the process for reporting allegations of abuse or mistreatment. ASM #1 stated as soon as it is reported to any staff in the building, it is to be reported to myself or (Name of ASM #2). Once we determine that it should be reported we have a two-hour window. If it's involving a staff member, it should be reported to all entities. For the final report, I have five working days to get it

completed. When asked if an action plan was initiated for this, ASM #1 stated, "No, I gave (ASM #2) a copy of the fax cover sheets for all four

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1): PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULT A. BUILDIN		(X3) DATE SURVEY COMPLETED		
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F 610 SS=D	She and I talked about On 4/5/19 at 8:15 a.m education on timely redated 3/7/19. Review the documented signateam. When asked if been educated in time allegations, ASM #1 sthem that as of this d. Administrative staff madministrator, ASM # and ASM #3, the regiservices, were made on 4/4/19 at 6:48 p.m. No further information (1) Barron's Dictionar Non-Medical Reader, Chapman, page 55. Investigate/Prevent/CCFR(s): 483.12(c)(1) In response plect, exploitation, must: §483.12(c)(1) Have exploitations are thoroug §483.12(c)(3) Prevent	have them for future use, at the two hour window." In., ASM #1 presented eporting documentation, of the education revealed atures of the interdisciplinary the rest of the staff has ely reporting of abuse stated they have not taught ate. Inember (ASM) #1, the 2, the director of nursing, onal vice president of clinical aware of the above concern in was provided prior to exit. In was provided prior to exit. In was provided Violation (4) See to allegations of abuse, or mistreatment, the facility evidence that all alleged ghly investigated. It further potential abuse, or mistreatment while the		610	1	eged rther glect, vhile eged be onger	5-9-19

STATEMENT C	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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F 610	§483.12(c)(4) Repor investigations to the designated represent accordance with State Survey Agency, with incident, and if the appropriate corrective This REQUIREMENT by: Based on staff internated clinical record revisables and failed to investigation for thresurvey sample, Resurvey sample, Res	administrator or his or her attative and to other officials in the law, including to the State in 5 working days of the lleged violation is verified reaction must be taken. T is not met as evidenced view, facility document review view, facility document review view, it was determined the restigate an allegation of protect residents during an ee of 47 residents in the idents #63, #146 and #53. Take the definition of the ident of the ident in the allegation of ee, LPN (licensed practical in the allegation was not ed on 12/31/18, during the	F	310	An audit was conducted by Se Services/designee on 4/24/19 4/25/19 for Residents with BIM 8 & above to determine if were any residents with conditat they wish to report. concerns related to abuse reported. On 4/24/19 & 4/25/19 the Dunit Managers or licensed more conducted skin assessments residents with BIMS 7 & belowed bettermine if there were any is identified which would indiabuse. There were no neg findings. The facility will take appropractions in response to an all violation and thoroughly investing prevent further potential abuses.	Is of there cems No were OON, urses on ow to ssues licate gative oriate leged igate, while	
	2. The facility staff failed to investigate an allegation of abuse between Resident #146 and Resident #53.				the alleged violation is investigated and take appropriate corrective action, as a result of	priate	1
	The findings include: 1. The facility staff failed to ensure Resident #63 and other residents were protected during the investigation of Resident #63's allegation of abuse. The employee, LPN (licensed practical nurse) #11 named in the allegation was not suspend, and worked on 12/31/18, during the investigation.				investigation findings. The facility Administrator and will follow an investig checklist to ensure that all aspeabuse investigation, prevention protection of residents durin investigation are followed.	gation cts of n, and	1
	Danidant #62 was	admitted to the facility to the					

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STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 610	facility on 1/12/18, w 2/1/19 with diagnose limited to: morbid ob pressure, and conge condition characteriz and retention of salt (1)]. The most recent ME assessment, a Medi with an assessment coded the resident a (brief interview for m the resident was cod decisions. Resident rejected care daily of The resident was cod assistance of two st activities of daily livi resident was coded once set up assistant A Facility Reported documented, "Repo 12/12/18." The repo "Resident noted on 12/28/18, Resident wrist pain and state when resident was Investigation initiate was documented ur involved." The "Fina documented, "On 1, regarding an injury reported that she di she fell but that the practical nurse-#11 off the floor. This nu	ith a recent readmission on as that included but were not esity, diabetes, high blood estive heart failure [abnormal zed by circulatory congestion and water by the kidneys S (minimum data set) care 30 day assessment, reference date of 3/1/19, as scoring a "15" on the BIMS mental status) score, indicating gnitively intact to make daily #63 was coded as having luring the look back period. Indeed as requiring extensive aff members for most of hering, including transfers. The as being able to feed herself	F	610	violations Requirement to thore investigate allegation include gathering evito support investigation Requirement to p further abuse while alleged violation is	es to gating lleged oughly ns to idence such revent e the being nclude val, of fand this Anythy on a will or to		

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CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE: CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A. BUILDING AND PLAN OF CORRECTION 04/05/2019 B. WING 495358 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET CORRECTED COPY AMELIA NURSING CENTER AMELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) TVF 610 Continued From page 43 F 610 her concern." Under, "If applicable, date Beginning 4/29/19 the facility notification provided to: Responsible party -12/12/2018; Physician - 12/12/18." There was no Administrator will maintain an documented notification to APS (adult protective audit sheet for allegations of abuse services), DHP (department of health to track the timeliness of staff professionals) or Law Enforcement. This FRI was reporting to the Administrator, completed by ASM #2. timeliness of reporting allegations of abuse to the State Agency within 2 An interview was conducted with ASM (administrative staff member) #2, the director of of completion hours, nursing, the one who completed the FRI investigation, protection of other reporting, on 4/4/19 at 3:33 p.m. When asked residents during the investigation why she waited to report the FRI on 1/2/19 when and submission of the investigation she had knowledge of the allegation on 12/28/18, within 5 working days to the State ASM #2 stated, "At my last facility, I thought we had five days to get it in. Since then I've been told Agency. Any discrepancy noted during the the requirements for reporting within two hours." ASM #2 was asked about the requirements for audit will be corrected at that time. reporting suspected abuse, neglect or misappropriation of resident property according to The audit will take place 5 days per the facility policy, ASM #2 stated, "We need to week for 8 weeks. The facility send it to the ombudsman, (state agency), Administrator will submit results of department of social services and depending on the audit monthly, and as necessary the outcome, to the board of nursing." When asked who is responsible for reporting to the state via ad hoc, to the QAPI committee agency, ASM #2 stated, "Either (Name of for its review and recommendations administrator) or myself. If we are not here, the nurse on the floor is responsible to send it in the two hour time frame." ASM #2 was asked to check to see if LPN #11 was suspended during the investigation. An interview was conducted with ASM #1, the administrator, on 4/4/19 at 3:45 p.m. When asked the process for reporting allegations of abuse or mistreatment, ASM #1 stated as soon as it is reported to any staff in the building, it is to be reported to myself or (Name of ASM #2). Once we determine that it should be reported we have

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F 610	the final report I have completed. When as initiated for this, ASM #2) a copy of the fax entities so she would She and I talked about The facility policy, "A"6. Protection: a. In observation of abusiassess the resident, resident represental and other residents d. When specific starllegedly involved in staff may be re-assi investigation." Administrative staff administrator, ASM and ASM #3, the reservices, were mad on 4/4/19 at 7:09 p surveyor that the LF during the investigation #63. No further information in the services in the services was a factor of the se	fit's involving a staff e reported to all entities. For e five working days to get it sked if an action plan was M#1 stated, "No, I gave (ASM cover sheets for all four d have them for future use. but the two hour window." Abuse" documented in part, the event of an allegation or e, the facility will immediately notify the physician and tive and protect the resident from further harm or incident. off is identified as being the abuse allegation, the gned or suspended during the member (ASM) #1, the #2, the director of nursing, gional vice president of clinical e aware of the above concern m. m. ASM #2 informed this PN #11 worked on 12/31/18, tion, but was not assigned to on was provided prior to exit. heary of Medical Terms for the er, 5th edition, Rothenberg and	F	610			

2. The facility staff failed to investigate an allegation of abuse between Resident #146 and

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FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO: 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING_ C B. WING 04/05/2019 495358 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET CORRECTED COPY AMELIA NURSING CENTER AMELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 610 Continued From page 45 Resident #53. Resident #146 was admitted to the facility on 2/1/18 with diagnoses that included but were not limited to: dementia, depression and insomnia [a condition characterized by difficulty falling asleep or staying asleep (1)]. The most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date of 1/3/19, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating she was severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance to being totally dependent upon staff for her activities of daily living. Resident #53 was admitted to the facility on 10/16/09 with diagnoses that included but were not limited to: high blood pressure, kidney stones, and intellectually disabled [persons whose general intelligence is significantly below average, and they have difficulty adapting to their environment (2)]. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 2/8/19, coded the resident as having both short and long-term memory difficulties and being severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance of one staff member for

most of her activities of daily living.

The FRI (facility reported incident) dated 10/26/18, documented in part, "Date of report 10/26/18. Incident date: 10/26/18. Describe Incident: (Resident #53) was kicked in left shin by (Resident #146). No injury assessed. Residents separated. Employee action initiated or taken:

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F 610	Resident separated a provided." An interview was con (administrative staff administrator, on 4/4 the process for reported to any staff reported to any staff reported to myself or director of nursing). Should be reported to it's involving a staff reported to all entities. For the working days to get A copy of the facilities approximately 5:00 ASM (administrative administrator, informational locate an investigation there was no final reknowledge. Administrative staff administrator, ASM and ASM #3, the reservices, were mad on 4/4/19 at 6:48 p. No further information to the provided reservices and the provided reservices are provided reservices and the provided reservices are provided reservices and the provided reservices and the provided reservices are provided reservices and the provided reservices are provided reservices.	and 1:1 (one to one) Inducted with ASM Imember) #1, the Id 19 at 3:45 p.m., regarding It ing allegations of abuse or It is tated as soon as it is In the building, it is to be If (Name of ASM #2, the If Once we determine that it If we have a two-hour window. If If member, it should be reported It is in the five It completed. It is in the service it is in the property of the end of	F 61				

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STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
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F 610	following website: https://www.healthycues/conditions/develoutlook-for-Childrenaspx	hildren.org/English/health-iss opmental-disabilities/Pages/ with-Intellectual-Disabilities.	F 610			
F 622 SS=E	S483.15(c) Transfer \$483.15(c)(1) Facility (i) The facility must premain in the facility discharge the reside (A) The transfer or dresident's welfare arcannot be met in the (B) The transfer or dbecause the resident sufficiently so the reservices provided by (C) The safety of incendangered due to status of the resident (D) The health of incontherwise be endanged. (E) The resident has appropriate notice, the under Medicare or Monpayment applies submit the necessary payment or after the Medicare or Medicare	and discharge- y requirements- permit each resident to and not transfer or int from the facility unless- ischarge is necessary for the id the resident's needs facility; ischarge is appropriate it's health has improved sident no longer needs the interprite the facility; lividuals in the facility is the clinical or behavioral it; dividuals in the facility would gered; is failed, after reasonable and o pay for (or to have paid Medicaid) a stay at the facility. Is if the resident does not by paperwork for third party it third party, including id, denies the claim and the boay for his or her stay. For a lines eligible for Medicaid after ty, the facility may charge a ble charges under Medicaid;	F 622	F 622 It is the practice of this facil communicate with and provide receiving health care institution provider with care plan goals I Past alleged non-compliance reto required documentation sent on transfer with Residen #3, 10, #29, #33, #36, #60, #67, #71 & #76 cannot be corrected Resident # 36 no longer resident facility. II Facility licensed nurses will president with necessary & receiving health care institively with necessary and proof of that transfering resident when a resident transfering resident record. On 4/24/19, the Resident transfering copies of the care plangoals.	elated being ts #2, #63, ected. des in rovide attution quired the ansfers er of hed in ransfer neclude	

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F 622	resident while the ap § 431.230 of this charge shis or her discharge notice fror 431.220(a)(3) of this discharge or transfer or safety of the resident in that failure to transfer safety. The facility in that failure to transfer safety of the resident under any content in paragraphs (c)(1) section, the facility in or discharge is documedical record and communicated to the institution or provide (i) Documentation in must include: (A) The basis for the (ii) of this section. (B) In the case of pasection, the specific be met, facility attenneds, and the service facility to meet the resident's passection. (A) The resident's passection. (B) A physician whenecessary under pathis section.	ot transfer or discharge the peal is pending, pursuant to apter, when a resident right to appeal a transfer or in the facility pursuant to § chapter, unless the failure to would endanger the health ent or other individuals in the must document the danger or or discharge would pose. In the circumstances specified (i)(A) through (F) of this must ensure that the transfer mented in the resident's appropriate information is e receiving health care or the resident's medical record the transfer per paragraph (c)(1) A ragraph (c)(1)(i)(A) of this resident need(s) that cannot mpts to meet the resident ice available at the receiving need(s). In on required by paragraph (c) must be made by-hysician when transfer or ary under paragraph (c) (1)	F	622	checklist • following the checklist transfer paperwork include a copy of the plan and care plan goal • notification internally transfers out of the fator include ER hospital admissions the internal move notification form • Facility requirement notify the Ombudsm	e will n for es to tation ansfer st for to care s of all acility visits, using ement t to an of ansfers f and this Any tly on will acr to	

	DF_DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	SUMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	8	TREET ADDRESS, CITY, STATE, ZIP CODE 830 VIRGINIA STREET IMELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE OF CORRECTION SHOULD DEFICIENCY)	BE COMPLETION
F 622	must include a minir (A) Contact information (B) Resident repression contact information (C) Advance Direction (D) All special instruoring care, as application (E) Comprehensive (F) All other necession consistent with §48 any other document a safe and effective This REQUIREMENT by: Based on staff interview, and clinical determined that the the required document of the required document of the regular facility at the sident's #3, #33 and 10, #60 #76 and #1. The facility staff 3's comprehensive the resident to the transfers to the host 12/21/18. 2. The facility staff facility with Resident plan goals upon a lon 01/11/19. 3. The facility staff of the required document of the required doc	mum of the following: tion of the practitioner care of the resident. entative information including we information actions or precautions for apropriate. care plan goals; sary information, including a discharge summary, 3.21(c)(2) as applicable, and tation, as applicable, to ensure attransition of care. NT is not met as evidenced rview, facility document record review, it was a facility staff failed to ensure tentation was provided to the the time of a transfer for nts in the survey sample, 3, # 71, # 29, # 2, # 36, # 67, #	F 622	IV Beginning 4/29/19 the factor Admissions Director will compan audit of all residents transfers or discharges to ensure documentation requirements are with proof of such being sent that the checklist for transidischarges is followed to valuate that the care plan and care goals were sent with the resisiand that the Ombudsman is not per regulation of transfer/discharge. Any discrepancy found during audit will be corrected at that by sending the necessary paper to the hospital. This audit will take place 5 day week for 2 weeks, then weekly weeks, then monthly for 1 m Results of the audit will submitted, by the Admis Director, monthly to the committee for its review recommendations.	plete with that met and sfers idate plan dent, tified the time work rs per for 6 onth. be ssions

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING.		(X3) DATE SURVEY COMPLETED		
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F 622	to the hospital on 2/7 4. The facility staff far of the required documents to the hospital when Resto the hospital when Resto the hospital when Resto the required documents to the hospital when Resto the hospital when Resto the hospital on 12/26 6. The facility staff far Resident # 36's common were sent with the restorant of the receiving facility transferred to the hospital of the receiving facility staff facility	ailed to evidence what, if any mentation was provided to esident #29 was transferred /13/18. ailed to evidence what, if any mentation was provided to esident #2 was transferred to 5/18. ailed to evidence that aprehensive care plan goals esident to the hospital for the /18. failed to ensure the plan goals were provided to when Resident #67 was appital on 1/26/19, 1/28/19, 1/19, 2/28/19, and 3/2/19. ailed to evidence the ecomprehensive care plan the receiving facility for a #10 to the hospital on 1/9. ailed to evidence the ecomprehensive care plan the receiving facility for a #76 to the hospital on 9. If failed to evidence the eplan goals were provided to for a transfer of Resident #	F 62	22	

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F 622	Continued From page 51 F 622					
	comprehensive car the receiving facility 64 to the hospital of The findings included 1. The facility staff 3's comprehensive the resident to the transfers to the hospital of 12/21/18. Resident # 3 was a 08/22/2018 with dianot limited to respind disorder (2), and sy 3's most recent ME quarterly assessment of as scoring a 15 on mental status (BIM being cognitively in The nurse's "Prografor Resident # 3 do Entry: This RN (resident # 3 do Entry:	failed to evidence the re plan goals were provided to y for a transfer of Resident # in 1/21/19 and 2/1/19. re: failed to evidence Resident # care plan goals were sent with thospital for the facility-initiated spital on 12/08/18 and admitted to the facility on agnoses that included but were ratory failure (1), bipolar condylolysis (3). Resident # DS (minimum data set), a rent with an ARD (assessment 12/19/18, coded Resident # 3 the staff assessment for resident for making daily decisions ress Notes," dated 12/08/2018 recumented, "12:10 p.m., Late registered nurse) was notified by recompleted in the resident was				
	non-compliant with isolation precaution syncytial (sin-SISF refusing to go back	staying in her room under ns for RSV (Respiratory I-uhl) virus) [4]. Resident c to her room and even ate				
	breakfast in the dir responding to staff (emergency court and possible infect levels not known a	ning room. Resident not Patient to be ECO'd ordered) due to noncompliance tion of other residents. Lithium t this time. Sheriff's office was petitioned to have Resident				

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F 622	Facility unable to gremoved from facilitaken to (Name of this time." The nurse's "Prog for Resident # 3 do Staff notified that raround 230pm (2: on right side of sh Resident is A&Oxthree, person place 98.3, BP (blood progression) 20, Con room air), c/o Resident noted w (right) side of hea Moderate amount with gauze and conform of the mouth of the edge of the mouth) at 246pm to feet. Resident call bell to notify some composible party Resident has been (emergency room (emergency medical) stretcher at 2 would not hold be hospital."	ity due to noncompliance. give adequate care. Resident lity via (by) ambulance and Hospital) to be evaluated at ress Notes," dated 12/21/2018 ocumented, "3:01 PM (p.m.) resident found in bedroom 30 p.m.) with bloody drainage oulder and floor from fall. 3 (alert and oriented times resure 156/78 (one hundred inty-eight), p (pulse) 86, RR 102 (oxygen) 69% (percent) RA (complaint of) pain to head. Ith small lump near back of R d with skin tear in center. If of bright red blood stabilized compression gauze. ROM (range thin normal limits), prn (as 650 mg (milligram) po (by (2:46 p.m.). No shoes or socks was able to reach out and use staff, Supervisor, RP (r), MD (medical doctor) notified. In sent to (Name of Hospital) ER (2:56 pm (2:56 p.m.). RP stated he actifity's "Transfer To Hospital	F 622			
	call bell to notify so (responsible party Resident has been (emergency room (emergency medical) stretcher at 2 would not hold be hospital." Review of the fact Checklist" form do Resident # 3 failed the comprehensity	staff, Supervisor, RP (), MD (medical doctor) notified. (n) sent to (Name of Hospital) ER (i) for treatment. Left with EMT (ical technician) out the facility via (256pm (2:56 p.m.). RP stated he (ii) fresident admitted to				The state of the s

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F 622	conducted with LP 3. LPN #3 was as that is provided to of a resident's transtated, "We send a medications, progrecent laboratory a card, the bed hold resident's code stanotification to the documented in the they send a copy care plan goals at stated, "No." On 04/03/19 at ap (administrative standministrator, ASI ASM # 3, vice pre made aware of the No further informat References: (1) When not eno lungs into your bloobtained from the https://www.nlm.r. ilure.html. (2) A brain disord mood, energy, ac carry out day-to-cobtained from the	N (licensed practical nurse) # ked to describe the paperwork the receiving facility at the time sfer to a hospital. LPN # 3 a copy of the facesheet, list of ress notes (nurse's notes), and/or x-rays, copy of insurance agreement paper and the atus, contact information and responsible party and it is a nurse's notes." When asked if of the resident's comprehensive the time of transfer LPN # 3 Approximately 6:00 p.m. ASM aff member) # 1, the M # 2, director of nursing and sident of clinical services, were a findings. Aution was provided prior to exit. Augh oxygen passes from your bod. This information was website: Aution was and the ability to lay tasks. This information was website: Aution was website: Aution was provided prior to exit.	F	622			

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F 622	spine moves forward onto the bone belo obtained from the https://medlineplus (4) A common responderecover in a week serious, especially fact, RSV is the mornities of the lung) and pneurin children younge United States. It is respiratory illness	which a bone (vertebra) in the and out of the proper position wit. This information was website: s.gov/ency/article/001260.htm. Diratory virus that usually like symptoms. Most people or two, but RSV can be for infants and older adults. In lost common cause of limits of the small airways in limits and infection of the lungs) or than 1 year of age in the lalso a significant cause of in older adults. This	F 622			
	https://www.cdc.gd 2. The facility stat facility with Reside plan goals upon a on 01/11/19. Resident # 33 was 09/25/17 with diag not limited to: head disease (2), chron hypertension (4). MDS (minimum diagrams) with an ARD (assout) 01/23/19, coded F (six) on the brief in (BIMS) of a score	orbital from the website: ov/rsv/index.html. If failed to provide the receiving ent # 33's comprehensive care hospital transfer that occurred Is admitted to the facility on gnoses that included but were rt failure (1), peripheral vascular lic kidney disease (3) and Resident # 33's most recent eata set), a 5-day assessment reference date) of Resident # 33 as scoring a 6 interview for mental status of 0 - 15, 6 (six) - being of cognition for making daily				

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F 622	The nurse's "Progres dated 01/11/19 at 3:2 resident was transfe evaluation after com tingling in hands and in part, "Resident ha (medical doctor) gave valuation at hospital states he is not a be monitor." Review of the facility Checklist" form date failed evidence doct comprehensive care (Name of Hospital) the states of the facility and the states of the facility of a resident's trans stated, "We send a medications, progres recent laboratory are card, the bed hold a resident's code state notification to the redocumented in the stated, "No." On 04/04/19 at app (administrative staff administrator, ASM)	as Notes," for Resident # 33 21 p.m., documented the rred to a local hospital for plaining of numbness and legs. The note documented d to purplish lips, call MD e order to send out for all call RP (responsible party) d hold will continue to It's "Transfer To Hospital d 01/11/19 for Resident # 33 amentation that the plan goals were sent to upon the transfers of Resident p.m., an interview was (licensed practical nurse) # and to describe the paperwork here receiving facility at the time fer to a hospital. LPN # 3 copy of the facesheet, list of ss notes (nurse's notes), addor x-rays, copy of insurance greement paper and the us, contact information and sponsible party and it is nurse's notes." When asked if the resident's comprehensive the time of transfer LPN # 3 roximately 6:45 p.m. ASM member) # 1, the # 2, director of nursing and dent of clinical services, were	F	622			

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OMB NO: 0938-0391

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F 622	Continued From page	e 56 n was provided prior to exit.	F	622			
	to pump oxygen-rich efficiently. This cause throughout the body. obtained from the we https://medlineplus.g (2) The vascular syst blood vessels. It includes that carry Arteries can become called atherosclerosi vessels and block blood vessels and blood vestels bleeding inside the blood in the weakened from the weakened from the weakened from the weakened side of the blood vestels and blo	tem is the body's network of udes the arteries, veins and blood to and from the heart. It thick and stiff, a problem is. Blood clots can clog good flow to the heart or brain. It is causing wody.) This information was					
	(3) Kidneys are dam they should. This inf the website: https://medlineplus.gl. (4) High blood press obtained from the website https://www.nlm.nih.essure.html. 3. The facility staff for the required docu	gov/medlincplus/highbloodpr ailed to evidence what, if any mentation was provided to esident #71 was transferred					
	Resident #71 was a	dmitted to the facility on					

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	osteoarthritis, heart f pressure, and chroni recent MDS (Minimu admission/5-day ass (Assessment Refere resident was coded a ability to make daily A review of the clinic note dated 2/7/19 at Resident #71 was se evaluation due to what fever. The note do called to inform MD states she had 2 nel and was not effective evaluation. RP (resilials or grandson was of and he wanted her is he says she never b Writer called 911 an technician) arrived a and she was taken to town) will call to che Further review of the reveal any evidence documentation was Resident #71's trans On 04/03/19 at 2:38 conducted with LPN 3. LPN #3 was ask that is provided to the of a resident's trans stated. "We send a	oses of but not limited to ailure, diabetes, high blood c kidney disease. The most m Data Set) was an essment with an ARD nce Date) of 2/19/19. The as being cognitively intact in life decisions. all record revealed a nurse's 3:48 p.m., that documented ent to a local hospital for neezing in bilateral lungs and cumented in part, "writer about change in status. MD to [nebulizer] tx [treatments] to [nebulizer] tx [treatments] to (nebulizer] tx [treatments] to (new seed with her breathing. It 10:50 AM and got resident to (name of hospital, name of the control of the hospital for seer to the hospital on 2/7/19. The clinical record failed to the formal of the control of the hospital for seer to the hospital on 2/7/19. The poments of the paperwork are receiving facility at the time fer to a hospital. LPN # 3 copy of the facesheet, list of	F 6	22		
	that is provided to the of a resident's trans stated, "We send a medications, progre	ne receiving facility at the time		•		

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F 622	card, the bed hold agresident's code statu notification to the resident of the resident of the notification to the resident of the notification to the resident of the notification to the notification to the notification of the	preement paper and the stated, "There is no evidence the hospital." m., ASM #1 (Administrative diministrator stated). m., ASM #1 (Administrative diministrator stated). m., ASM #1 (Administrative diministrator of Resident store throats, toothaches, ctions to vaccinations (shots), "	F	522		

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	` ′		(X3) DATE SURVEY COMPLETED
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4. The facility staff factor of the required docurthe hospital when Resto the hospital on 12/2 Resident #29 was ac 10/29/18 with the diapressure ulcer, deprepost herpetic nervou trigeminal neuralgia, The most recent MD quarterly assessmen Reference Date) of 1 coded as mildly impalife decisions. A review of the clinic note dated 12/13/18 documented, "Resid confused to place/tire motional by crying mother. Resident gi (antibiotic) for UTI (uPO (by mouth)MD change of condition (temperature) 97.4, (pulse) 80, RR (responsible party) representation of hospital) a stretcher by EMT (etand left facility at 9:2 Further review of the reveal any evidence	ailed to evidence what, if any mentation was provided to esident #29 was transferred //13/18. dmitted to the facility on agnoses of but not limited to ession, Herpes Zoster with us system involvement, and high blood pressure. S (Minimum Data Set) was a not with an ARD (Assessment 1/23/19. The resident was aired in ability to make daily cal record revealed a nurse's seat 9:46 a.m., which dent alert to self, remains me/environment and and calling out for her iven first dose of ABT urinary tract infection) this AM (medical doctor) notified with with VS (vital signs) T 143/84 (blood pressure), poiratory rate) 18, unlabored, A (on room air). New order (name of hospital) per RP request. Report given to and resident transported via emergency medical technician) 20 (AM):"	F 62		
Resident #29's trans	sfer on 12/13/18.		i.	a
	CORRECTION ROVIDER OR SUPPLIER URSING CENTER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag 4. The facility staff for of the required document the hospital when Re to the hospital when Re to the hospital on 12 Resident #29 was ac 10/29/18 with the dial pressure ulcer, depre post herpetic nervou trigeminal neuralgia, The most recent MD quarterly assessment Reference Date) of coded as mildly impailife decisions. A review of the clinic note dated 12/13/18 documented, "Resid confused to place/tir emotional by crying mother. Resident gi (antibiotic) for UTI (to PO (by mouth)MD change of condition (temperature) 97.4, (pulse) 80, RR (resp 02 (oxygen) 94% RA from MD to send to (responsible party) r (name of hospital) a stretcher by EMT (e and left facility at 9:2 Further review of the reveal any evidence documentation was	A95358 ROVIDER OR SUPPLIER URSING CENTER CORRECTED COPY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 59 4. The facility staff failed to evidence what, if any of the required documentation was provided to the hospital when Resident #29 was transferred to the hospital on 12/13/18. Resident #29 was admitted to the facility on 10/29/18 with the diagnoses of but not limited to pressure ulcer, depression, Herpes Zoster with post herpetic nervous system involvement, trigeminal neuralgia, and high blood pressure. The most recent MDS (Minimum Data Set) was a quarterly assessment with an ARD (Assessment Reference Date) of 1/23/19. The resident was coded as mildly impaired in ability to make daily	CORRECTION A95358 A. BUILDING A95358 B. WING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 59 4. The facility staff failed to evidence what, if any of the required documentation was provided to the hospital when Resident #29 was transferred to the hospital on 12/13/18. Resident #29 was admitted to the facility on 10/29/18 with the diagnoses of but not limited to pressure ulcer, depression, Herpes Zoster with post herpetic nervous system involvement, trigeminal neuralgia, and high blood pressure. The most recent MDS (Minimum Data Set) was a quarterly assessment with an ARD (Assessment Reference Date) of 1/23/19. The resident was coded as mildly impaired in ability to make daily life decisions. A review of the clinical record revealed a nurse's note dated 12/13/18 at 9:46 a.m., which documented, "Resident alert to self, remains confused to place/time/environment and emotional by crying and calling out for her mother. Resident given first dose of ABT (antibiotic) for UTI (urinary tract infection) this AM PO (by mouth)MD (medical doctor) notified with change of condition with VS (vital signs) T (temperature) 97.4, 143/84 (blood pressure), p (pulse) 80, RR (respiratory rate) 18, unlabored, 02 (oxygen) 94% RA (on room air). New order from MD to send to (name of hospital) per RP (responsible party) request. Report given to (name of hospital) and resident transported via stretcher by EMT (emergency medical technician) and left facility at 9:20 (AM)." Further review of the clinical record failed to reveal any evidence of what, if any, required documentation was provided to the hospital for	ROWDER OR SUPPLIER URSING CENTER CORRECTED COPY SUMMARY STREEMS OF DEPTICENCIES (EACH DEPTICENCY MUST BE PRECEDED BY FULL REGULATION) OF THE APPROPRIATION INFORMATION) COntinued From page 59 4. The facility staff falled to evidence what, if any of the required documentation was provided to the hospital on 12/13/18. Resident #29 was admitted to the facility on 10/29/18 with the diagnoses of but not limited to pressure ulcer, depression, Herpes Zoster with post herpetic nervous system involvement, trigeminal neuralgia, and high blood pressure. The most recent MDS (Minimum Data Set) was a quarterly assessment with an ARD (Assessment Reference Date) of 12/31/9. The resident was coded as mildly impaired in ability to make daily life decisions. A review of the clinical record revealed a nurse's not teated 12/13/18 at 9:46 a.m., which documented, "Resident alert to self, remains confused to place/time/environment and emotional by crying and calling out for her mother. Resident given first dose of ABT (antibiotic) for UTI (urinary tract infection) this AM PO (by mouth)MD (medical doctor) notified with change of condition with VS (vital signs) T (temperature) 97.4, 143/84 (blood pressure), p (pulse) 80, RR (respiratory rate) 13, unlabored, 02 (oxygen) 94% RA (on room air). New order from MD to send to (name of hospital) per RP (responsible parly) request. Report given to (name of hospital) per RP (responsible parly) request. Report given to (name of hospital) per RP (responsible parly) request. Report given to (name of hospital) per RP (responsible parly) request. Report given to (name of hospital) per RP (responsible parly) request. Report given to (name of hospital) per RP (responsible parly) request. Report given to (name of hospital) per RP (responsible parly) request. Report given to (name of hospital) per RP (responsible parly) request. Report given to (name of hospital) per RP (responsible parly) request. Report given to (name of hospital) per RP (responsible parly) request. Report given to (name of hos

	S FOR MEDICARE & OF DEFICIENCIES	MEDICAID SERVICES (X1), PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED
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F 622	conducted with LPN 3. LPN #3 was ask that is provided to to for a resident's transstated, "We send a medications, progreecent laboratory a card, the bed hold resident's code stanotification to the redocumented in the they send a copy of care plan goals at stated, "No." On 4/5/19 at 10:33 (registered nurse) provided a blank of #1 stated, "This is Care plan goals is sent should be in the copy of the form." There was no note the hospital, and the completed form / of the hospital, RN # of what was sent the form for the form for the form for the sident could not the form for for the form	Ry p.m., an interview was N (licensed practical nurse) # seed to describe the paperwork the receiving facility at the time sfer to a hospital. LPN # 3 copy of the facesheet, list of what was sent to the hospital." AM ASM #1 (Administrative the facesheet, list of the the hospitalization for this	F 622			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 622	of the required docur the hospital when Rethe hospital on 12/26 Resident #2 was adr 6/28/13 with the diagleft above knee amp sclerosis, gangrene osteoporosis, acute pressure, aphasia, sand syphilitic heart in MDS (Minimum Data change assessment Reference Date) of coded as severely comake daily life decise. A review of the clinic note date 12/26/18 at "0655 (6:55 AM) CN entered room and of like activity. Magnel left chest VNS thera improvement to seiz Diazepam (1) admir (7:05 AM) with no in attempts to obtain via significant seizure as administered attemp without improvement medical doctor) and in facility and evalual (emergency room) for Call placed to 911 af fellow LPN (licensed Daughter and RP (redaughter) as well as facility). (Name of	mentation was provided to esident #2 was transferred to id-18. mitted to the facility on moses of but not limited to utation, epilepsy, multiple of left amputation site, respiratory failure, high blood troke, right femur fracture, evolvement. The most recent as Set) was a significant with an ARD (Assessment 12/18/18. The resident was ognitively impaired in ability to ions. cal record revealed a nurse's set 7:47 AM that documented, A (certified nursing assistant) observed resident with seizure to obtained and swiped over py system without	F6	22	

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Continued From page 62

as seizure activity continued...."

F 622

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NAME OF BROWDER OR SUPPLIES	3	STREET ADDRESS, CITY, STATE, ZIP	CODE

F 622

NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET CORRECTED COPY AMELIA NURSING CENTER AMELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG

Further review of the clinical record failed to reveal any evidence of what, if any, required documentation was provided to the hospital, when Resident #2 was transferred to the hospital on 12/26/18.

On 04/03/19 at 2:38 p.m., an interview was conducted with LPN (licensed practical nurse) # LPN #3 was asked to describe the paperwork that is provided to the receiving facility at the time of a resident's transfer to a hospital. LPN # 3 stated, "We send a copy of the facesheet, list of medications, progress notes (nurse's notes), recent laboratory and/or x-rays, copy of insurance card, the bed hold agreement paper and the resident's code status, contact information and notification to the responsible party and it is documented in the nurse's notes." When asked if they send a copy of the resident's comprehensive care plan goals at the time of transfer LPN #3 stated, "No."

On 4/5/19 at 10:33 a.m., in an interview with RN (registered nurse) #1, a unit manager, she provided a blank copy of the transfer form. RN #1 stated, "This is the form we typically use. Care plan goals is not on the form. What all is sent should be in the progress notes. We keep a copy of the form." When asked what it meant if there was no note documenting what was sent to the hospital, and there was no copy of the completed form / checklist of what was sent to the hospital, RN #1 stated, "There is no evidence of what was sent to the hospital."

On 4/5/19 at 9:30 AM ASM #1 (Administrative Staff Member, the Administrator stated) that the

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F 622	transfer form for this resident could not be No further information (1) Diazepam rectal of situations to stop clus increased seizure actaking other medicati (seizures). Information obtained https://medlineplus.g	hospitalization for this located. n was provided. gel is used in emergency ster seizures (episodes of tivity) in people who are ons to treat epilepsy	F 6	22		
	were sent with the retransfer dated 12/31/20 Resident # 36 was a 10/05/17 with the most of 01/03/19. His diaglimited to acute bromand umbilical (belly be Resident # 36's most (MDS) assessment with an Assessment 02/01/19. The Brief (BIMS) coded Reside BIMS of a score of 0	dmitted to the facility on set recent readmission date gnoses included but were not chitis (1), hypertension (2), button area) hernia (3). trecent Minimum Data Set was a Quarterly Assessment Reference Date (ARD) of Interview for Mental Status eat # 36 as scoring a 11 on				
	conducted on 04/04/ 1/03/19 at 5:29 p.m. had been sent to the	# 36's clinical record was 19. A nurse's note dated documented Resident # 36 hospital for surgical hernia	Ĭ.			

comprehensive care plan goals were sent along

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION MG		(X3) DATE SURVEY COMPLETED C		
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F 622	conducted with LPN 3. LPN #3 was asked that is provided to the of a resident's transistated, "We send a comedications, progres recent laboratory and card, the bed hold a resident's code status notification to the redocumented in the redocumented	p.m., an interview was (licensed practical nurse) # ed to describe the paperwork he receiving facility at the time for to a hospital. LPN # 3 copy of the facesheet, list of ss notes (nurse's notes), d/or x-rays, copy of insurance greement paper and the us, contact information and sponsible party and it is nurse's notes." When asked if the resident's comprehensive he time of transfer LPN # 3 eximately 5:30 p.m., ASM member) # 1, the ASM # 2, The Director of for made aware of the ion was provided. is swelling and inflamed tissue es that carry air to the lungs. is obtained from the website: gov/ency/article/001087:htm - dia sure. This information was website:	F	622				
	https://www.nlm.nih	n.gov/medlineplus/highbloodpr						

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F 622	(protrusion) of the lint the abdominal organ the belly button. This from the website: https://medlineplus.g. 7. The facility staff for comprehensive care the receiving facility transferred to the hod 2/3/19, 2/5/19, 2/12/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	ia is an outward bulging sing of the abdomen or part of (s) through the area around is information was obtained gov/ency/article/000987.htm. ailed to ensure the plan goals were provided to when Resident #67 was ispital on 1/26/19, 1/28/19, 19, 2/28/19, and 3/2/19. Idmitted to the facility on gnoses of but not limited to n, retention of urine, iron nigh blood pressure, heart obstructive pulmonary #67's Minimum Data Set sision assessment, with an ince Date (ARD) of 2/5/19, as having no cognitive sility to make daily life cal record revealed physician 9 that documented, "send to m) for evaluation of possible cal record revealed nurse so	F	522		
	orders dated 2/3/19	that documented, "send				

STATEMENT C	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION		ATE SURVEY OMPLETED
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING			С
		495358	B. WING			04/05/2019
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F 622	A review of the clinic notes dated 2/3/19 a in part, "received cal critical lab results on results called to (nar orders to send to ER anemia Notified Podecide about bed ho admitted" A review of the clinic orders dated 2/12/19 resident out to (name evaluation." A review of the clinic notes dated 2/12/19 documented, "reside hospital) with diagnor pressure, and sepsic 2/12/19 at 5:52 p.m. agreement sent with A review of the clinic orders dated 2/28/19 resident out to (name evaluation."	evaluation due to critical labs nemia." al record revealed nurse's at 1:07 p.m., that documented I from (name of lab) with resident at 11:15 a.m.,all me of physician) he gave new It for evaluation of severe OA (power of attorney) will old policy if resident is al record revealed physician of that documented "send e of hospital) ER for cal record revealed nurse's at 11:01 p.m., that ent admitted to (name of posis of hypothermia, low blood is." A nurse's note dated documented "bed hold	F	622		
	notes dated 2/28/19 documented in part, of hospital) ER for e 911 on stretcher					
	A review of the clinic	cal record revealed nurse's				7

PRINTED: 04/26/2019 FORM APPROVED

OMB-NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING 04/05/2019 B. WING. 495358 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET CORRECTED COPY AMELIA NURSING CENTER AMELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 622 Continued From page 67 notes dated 3/2/19 at 3:00 p.m., that documented in part, "resident wheeled himself outside the front door ... stating he was going to wheel himself to the ER, complaining of shortness of breath ...information forwarded to MD and RP. 911 was called to transport resident to (name of hospital) ER for evaluation. Per RP resident is no bed hold." A review of the clinical record documented that written notice of the bed hold policy was mailed to the RP on the following dates: 1/26/19, 2/3/19, 2/12/19, 2/28/19, and 3/2/19. A review of the clinical record failed to reveal any evidence that care plan goals were sent with the resident upon transfer to the hospital on 1/26/19, 2/3/19, 2/12/19, 2/28/19, and 3/2/19. On 04/03/19 at 2:38 p.m., an interview was conducted with LPN (licensed practical nurse) # 3. LPN #3 was asked to describe the paperwork that is provided to the receiving facility at the time of a resident's transfer to a hospital. LPN #3 stated, "We send a copy of the facesheet, list of medications, progress notes (nurse's notes), recent laboratory and/or x-rays, copy of insurance card, the bed hold agreement paper and the resident's code status, contact information and notification to the responsible party and it is documented in the nurse's notes." When asked if they send a copy of the resident's comprehensive care plan goals at the time of transfer LPN #3 stated, "No." On 4/4/19 at 4:15 p.m., ASM (Administrated Staff Member) #1, the administrator, and ASM #2, the

DON (Director of Nursing), were made aware of the findings. No further information was provided

NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER CORRECTED COPY STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER CORRECTED COPY STREET ADDRESS, CITY, STATE, ZIP CODE	AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A, BUILDI	NG	С		
MAELIA NURSING CENTER CORRECTED COPY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG			495358	B. WING		(04/05/2019	
SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) F 622 Continued From page 68 by the end of the survey. 8. The facility staff failed to evidence the documentation of the comprehensive care plan goals being sent to the receiving facility for a transfer of Resident #10 to the hospital on 12/27/18 and 3/27/19. Resident #10 was admitted to the facility on 7/11/18 with diagnoses that included but were not limited to: stroke, diabetes, encephalopathy [any disease or disorder of the brain (1)], and pneumonitis [inflammation of the lung caused by virus or allergic reaction, or foreign material (2)]. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an			ORRECTED COPY	,	8830 VIRGINIA STREET			
by the end of the survey. 8. The facility staff failed to evidence the documentation of the comprehensive care plan goals being sent to the receiving facility for a transfer of Resident #10 to the hospital on 12/27/18 and 3/27/19. Resident #10 was admitted to the facility on 7/11/18 with diagnoses that included but were not limited to: stroke, diabetes, encephalopathy [any disease or disorder of the brain (1)], and pneumonitis [inflammation of the lung caused by virus or allergic reaction, or foreign material (2)]. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an	PREFIX	(FACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE	(X5) COMPLETION DATE	
assessment reference date of 1/8/19 coded the resident as being severely impaired to make daily cognitive decisions. A nurse's note dated, 12/27/18 at 11:15 p.m. documented in part, "Resident sitting up in w/c (wheelchair) bedside bed, private sitter reported to staff that res (Resident) 'felt hot,' Temp (temperature) 102.7, writer observed that res had brownish phlegm during mouth care, prior to admin (administration) prn (as needed) Tylenol (used to treat fever and mild pain) for increased temp, res' residual feeding was 260 ml (millilliters), during care RP (responsible party), spouse in facility, writer telephoned MD (medical doctor) at 1645 (4:45 p.m.) and made aware of all findings, gave order to send to ER (emergency room), telephoned 911 (emergency medical services)Out of facility via stretcher at 1715 (5:15 p.m.)." A nurse's note dated, 3/27/19 at 9:55 a.m.	F 622	by the end of the sur 8. The facility staff fadocumentation of the goals being sent to the transfer of Resident 12/27/18 and 3/27/19 Resident #10 was ac 7/11/18 with diagnos limited to: stroke, diadisease or disorder of pneumonitis [inflamm virus or allergic reac. The most recent MD assessment, a quart assessment reference resident as being se cognitive decisions. A nurse's note dated documented in part, (wheelchair) bedside to staff that res (Res (temperature) 102.7 brownish phlegm duadmin (administratio (used to treat fever temp, res' residual from (milliliters), during compose in facility, will doctor) at 1645 (4:4 findings, gave order room), telephoned services)Out of facility p.m.)."	iled to evidence the ecomprehensive care plan he receiving facility for a #10 to the hospital on 9. Idmitted to the facility on sest that included but were not abetes, encephalopathy [any of the brain (1)], and mation of the lung caused by tion, or foreign material (2)]. It is (minimum data set) terly assessment, with an ce date of 1/8/19 coded the everely impaired to make daily impaired to make daily impaired to make daily in the bed, private sitter reported sident) 'felt hot,' Temp (writer observed that res had uring mouth care, prior to be private sitter reported and mild pain) for increased feeding was 260 ml are RP (responsible party), riter telephoned MD (medical 5 p.m.) and made aware of all to send to ER (emergency 11 (emergency medical cility via stretcher at 1715	F	622			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
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F 622	some thick green sput (sic) at times in the 8-send resident out to the send resident out to the send resident out to the revidence documentar care plan goals were hospital for each of the On 04/03/19 at 2:38 producted with LPN 3. LPN #3 was asked that is provided to the of a resident's transfestated, "We send a comedications, progress recent laboratory and card, the bed hold agresident's code status notification to the resident's code status notificat	oted that resident coughed atum up and is desaturating 4% range, MD ordered to he hospital to be evaluated." ical record failed to tion that the comprehensive sent with the resident to the ne above transfers. c.m., an interview was (licensed practical nurse) # d to describe the paperwork or receiving facility at the time or to a hospital. LPN # 3 appy of the facesheet, list of s notes (nurse's notes), for x-rays, copy of insurance preement paper and the secondard information and ponsible party and it is surse's notes." When asked if the resident's comprehensive the time of transfer LPN # 3 appendix of the director of nursing, the president of clinical aware of the above concern	F	622		
	Non-Medical Reader Chapman, page 192 (2) Barron's Dictiona	ry of Medical Terms for the 5,5th edition, Rothenberg and 6,5th edition, Rothenberg and 7,5th edition, Rothenberg and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING C B. WING STREET ADDRESS, CITY, STATE, ZIP CODE		O L CHAIRIEDIONIAE OF	MEDICAID SERVICES			* ***	CIMD IT	0. 0938-0391
495358 B. WING 04/05/20 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEPICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	1, ,	1.			LETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			495358	B. WING			1	
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Continued From page 70 Chapman, page 464. 9. The facility staff failed to evidence the documentation of the comprehensive care plan goals being sent to the receiving facility for a transfer of Resident #76 to the hospital on 2/12/19 and 3/18/19. Resident #76 was admitted to the facility on 11/1/13 with a recent readmission on 3/5/19, with diagnoses that included but were not limited to: high blood pressure, diabetes, stroke and dementia. The most recent MDS (minimum data set) assessment, a Medicare five day assessment, with an assessment, a Medicare five day assessment, with an assessment reference date of 3/12/19, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating the resident was cognitively intact to make daily decisions. A nurse's note dated, 2/12/19 at 1:15 a.m. documented in part, "(Name of Doctor) ordered that the resident be sent to the ER (emergency room) for evaluation. 911 (emergency medical services) was called." The nurse's note dated, 3/18/19, documented in part, "MD (medical doctor) notified of resident's AMS (altered mental status) at 0515 am (5:15 a.m.) order received to send pt (patient) out to ED (emergency department) for AMS. POA (power of attorney) was called not no some at 15:15 a.m., message left on voicemali regarding plan to send to ED. 911 (emergency services) called at 5:30 a.m., report given to dispatcher. 6 am (6:00 a.m.) ambulance arrived to take resident to ED,	F 622	9. The facility staff for documentation of the goals being sent to transfer of Resident 2/12/19 and 3/18/19 Resident #76 was a 11/1/13 with a recerdiagnoses that including blood pressure dementia. The most recent MI assessment, a Med with an assessment of the resident was condected the resident was condected to receive (emergency depart of attorney) was called to ED 911 (estate the staff of the part of attorney) was called to ED 911 (estate the staff of the ED 911 (esta	ailed to evidence the e comprehensive care plan the receiving facility for a #76 to the hospital on difference does not limited to: diabetes, stroke and OS (minimum data set) icare five day assessment, treference date of 3/12/19, as scoring a "15" on the BIMS mental status) score, indicating gnitively intact to make daily d, 2/12/19 at 1:15 a.m. , "(Name of doctor) was called resident's status. (Name of at the resident be sent to the bim) for evaluation. 911 al services) was called." ated, 3/18/19, documented in doctor) notified of resident's al status) at 0515 am (5:15 d to send pt (patient) out to ED ment) for AMS. POA (power lied, but no answer at 5:15 on voicemail regarding plan to emergency services) called at even to dispatcher. 6 am (6:00	F	622			

...CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER			X2) MULTIPLE CONSTRUCTION A. BUILDING		
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F 622	care plan goals were hospital for each of the On 04/03/19 at 2:38 pconducted with LPN (3. LPN #3 was asked that is provided to the of a resident's transfestated, "We send a comedications, progress recent laboratory and card, the bed hold agresident's code status notification to the residecumented in the nuthey send a copy of the care plan goals at the stated, "No." Administrative staff madministrator, ASM # and ASM #3, the vice services were made a on 4/4/19 at 6:48 p.m. No further information	ical record failed to ion that the comprehensive sent with the resident to the le above transfers. o.m., an interview was licensed practical nurse) # d to describe the paperwork receiving facility at the time or to a hospital. LPN # 3 ppy of the facesheet, list of s notes (nurse's notes), for x-rays, copy of insurance reement paper and the sontact information and consible party and it is burse's notes." When asked if the resident's comprehensive time of transfer LPN # 3 ppy of the director of nursing, president of clinical aware of the above concern to was provided prior to exit.	F	522			
	the receiving facility for 63 to the hospital on	or a transfer of Resident #					
	facility on 1/12/18 with	nitted to the facility to the a recent readmission on	1				

	ZINDO Z	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE	E CONSTRUCTION ≥	(X3) DATE	SURVEY
	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	, ,			COMP	LETED
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F 622	2/1/19 with diagnoses limited to: morbid obe pressure, and conges condition characterize and retention of salt at (1)]. The most recent MDs assessment, a Medic with an assessment at (brief interview for me the resident was cog decisions. The nurse's note dat documented in part, walking down hallwar room, resident begarentered room to obseface down between his ide of her bed. Side bed; resident appear alone. 911 was called advised staff not to me up.' Ambulance (10:00 p.m.). Ambulate in (sic) the floor. area form on her forevomit repeatedly. Restretcher via Hoyer if ambulance attendee of facility) at 2205 (1). The review of the clievidence documentation of salts and congestions.	s that included but were not esity, diabetes, high blood stive heart failure [abnormal ed by circulatory congestion and water by the kidneys. S (minimum data set) care 30 day assessment, reference date of 3/1/19, s scoring a "15" on the BIMS ental status) score, indicating nitively intact to make daily. ed, 1/18/19 at 12:02 a.m. " While nurse was y, returning to resident's n yelling out and nurse erve resident on the floor her heater and the L (left) e rails were in place on the rest to have attempted standing ed by writer and operator mover resident. Resident slid e floor, repeatedly stated, 'get arrived to facility @ 2200 ance attendees sat resident Resident has a large swollen ehead. She then began to esident was transferred to sift. She was able to tell is her age and age. OOF (out 0:05 p.m.)."	F	622			
	care plan goals were	e sent with the resident to the					

CENTER	S-FOR MEDICARE*&	MEDICAID SERVICES	0 3		* I was	-OMB1	NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ONSTRUCTION		TE SURVEY
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F 622	conducted with LPN of 3. LPN #3 was asked that is provided to the of a resident's transfer stated, "We send a comedications, progres recent laboratory and card, the bed hold agresident's code status notification to the residecumented in the nuthey send a copy of the care plan goals at the stated, "No." Administrative staff madministrator, ASM # and ASM #3, the vice services were made to not 4/4/19 at 6:48 p.m. No further information (1) Barron's Dictional Non-Medical Reader, Chapman, page 138.	c.m., an interview was (licensed practical nurse) # d to describe the paperwork e receiving facility at the time er to a hospital. LPN # 3 copy of the facesheet, list of s notes (nurse's notes), for x-rays, copy of insurance reement paper and the s, contact information and consible party and it is curse's notes." When asked if the resident's comprehensive et time of transfer LPN # 3 seember (ASM) #1, the 2, the director of nursing, expresident of clinical aware of the above concern of the was provided prior to exit. Try of Medical Terms for the 5th edition, Rothenberg and	F	522			
	Resident #64 was ad 9/1/15 with diagnoses limited to: high blood peripheral vascular d						5

STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION D	(X3) DATE COMP	SURVEY LETED
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F 622	assessment, a Medi with an assessment coded the resident a (brief interview for make was capable of decisions. The nurse's notes of documented in particalled and notified of (emergency medicathe hospital for her doctor) had seen he she wants. (Name of picking resident up RP is aware that the The nurse's note of documented, "Resident up RP is aware that the of) ER (emergency) The review of the control of the conducted documented of the conducted with LPI 3: LPN #3 was ast that is provided to of a resident's transtated, "We send a medications, progreent laboratory as a series of the conductory as a series of the conducted with LPI is provided to of a resident's transtated, "We send a medications, progreent laboratory as a series of the conducted with LPI is the	e the heart (1)], and OS (minimum data set) care 30 day assessment, reference date of 3/2/19, as scoring a "15" on the BIMS mental status) score, indicating making daily cognitive ated 1/21/19 at 9:39 a.m. "RP (responsible party) of resident calling 911 all services) requesting to go to foot and that the MD (medical er, per RP okay if that is what of town) rescue squad here to take to (name of hospital). ey are here." ated 2/1/19 as a late entry, dent was transferred to (name	F	622		

STATEMENT C	OF DEFICIENCIES CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.	PLE CONSTRUCTION		E SURVEY PLETED
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F 622	resident's code status notification to the resident to the residence and they send a copy of the care plan goals at the stated, "No." Administrative staff madministrator, ASM # and ASM #3, the vice services were made a on 4/4/19 at 6:48 p.m. No further information (1) Barron's Dictionar Non-Medical Reader, Chapman, page 447. (2) This information will following website:	s, contact information and consible party and it is arse's notes." When asked if the resident's comprehensive at time of transfer LPN # 3 sember (ASM) #1, the 2, the director of nursing, a president of clinical aware of the above concern to was provided prior to exit. The y of Medical Terms for the 5th edition, Rothenberg and	F6	522		
F 623 SS=D	S483.15(c)(3) Notice Before a facility trans resident, the facility in (i) Notify the resident representative(s) of the reasons for the manguage and manne facility must send a corepresentative of the Long-Term Care Oml (ii) Record the reason discharge in the resident	before transfer. fers or discharges a nust- and the resident's ne transfer or discharge and love in writing and in a or they understand. The opy of the notice to a Office of the State	F6	F 623 It is the practice of this fa notify the Office of the Sta Term Care Ombudsman of initiated transfers and dischard I On 4/24/19 the social admissions staff updat Ombudsman regarding the transfer of Resident #3 on to the ER.	te Long- facility- arges. services/ ed the ne prior	5-9-19

OMB NO: 0938-0391 -

STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE : COMPL	
AND FEAR OF	OGNINEOTION		A BOILD	NG			
		495358	B. WING			04/0	05/2019
	ROVIDER OR SUPPLIER	ORRECTED COPY	1	88	REET ADDRESS, CITY, STATE, ZIP CODE 330 VIRGINIA STREET MELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 623	and (iii) Include in the not paragraph (c)(5) of the \$483.15(c)(4) Timing (i) Except as specifie (c)(8) of this section, discharge required u made by the facility a resident is transferre (ii) Notice must be m before transfer or dis (A) The safety of individual be endangered under this section; (B) The health of individual be endangered, under this section; (C) The resident's he allow a more immediated under paragraph (c)(6) An immediate transfer do the transfer do the folion (i) The reason for transferred or dischargered or dischargere	of the notice. d in paragraphs (c)(4)(ii) and the notice of transfer or noter this section must be at least 30 days before the d or discharged. ade as soon as practicable charge when-viduals in the facility would be paragraph (c)(1)(i)(C) of viduals in the facility would be paragraph (c)(1)(i)(D) of viduals in the facility would be paragraph (c)(1)(i)(D) of viduals in the facility would be paragraph (c)(1)(i)(D) of viduals in the facility would be paragraph (c)(1)(i)(D) of viduals in the facility would be paragraph (c)(1)(i)(D) of viduals in the facility would be paragraph (c)(1)(i)(D) of viduals in the facility to sate transfer or discharge is ent's urgent medical needs, (1)(i)(A) of this section; or of the resided in the facility for 30 wing: ansfer or discharge; of transfer or discharge; of transfer or discharge; which the resident is	F	623	Facility licensed staff will compinternal movement notificate forms on Residents to enscommunication betw departments regarding residence movement out of the facility attransfer or discharge. The Social Services Director provide a monthly update to Ombudsman for residents on facility-initiated transfer list. III On or before May 4, 2019 the Dor Unit Manager(s) or designee provide an in-service education licensed nurses regarding: February February	will the the PON will for to so or tion lityment all and whilly to a of	

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OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(/	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		495358	B. WING		04/05/2019
	SUMMARY ST	ORRECTED COPY ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA, VA 23002 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 623	completing the form hearing request; (v) The name, addrestelephone number of Long-Term Care Om (vi) For nursing facility and developmental of disabilities, the mailing telephone number of the protection and addevelopmental disabilities of the Developmental disabilities of the Graility of the Individual disabilities of the State Survey of the State Survey of the State Survey of the State Survey of the facility, and the state Survey of the State Survey of the facility, and the state Survey of the State Survey of the facility, and the state Survey of the state Survey of the facility, and the state Survey of the State Surv	orm and assistance in and submitting the appeal ass (mailing and email) and the Office of the State budsman; by residents with intellectual lisabilities or related and email address and the agency responsible for dvocacy of individuals with allities established under Part and Disabilities Assistance of 2000 (Pub. L. 106-402, 15001 et seq.); and the interpretation of the for the protection and als with a mental disorder e Protection and Advocacy duals Act.	F 6:	Newly hired nursing st agency staff will received ucation during orientation PRN staff or those currefered this education beginning their next schedule. IV Beginning 4/29/19 the Additional Director/designee will more agency.	ive this in. Any ently on ion will prior to led shift Imissions nitor the novement ly census dent that ER or ital. The ovide the aly list of irs and facility plete an d transfer ovided to alidate its will be ne facility results of committee

Event ID: TLKX11

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OMB NO. 0938-0391

	F DEFICIENCIES W	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION		PLETED C
		495358	B. WING			04	1/05/2019
	ROVIDER OR SUPPLIER URSING CENTER C	ORRECTED COPY		8830	EET ADDRESS, CITY, STATE, ZIP CODE DVIRGINIA STREET ELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	8E	(X5) COMPLETION DATE
F 623	relocation of the residence 483.70(I). This REQUIREMENT by: Based on staff intervively, and clinical redetermined that facility written notification to initiated transfer for consurvey sample, Resident when Resident # 3 woon 12/21/18. The findings include: Resident # 3 was add 08/22/2018 with diagnot limited to respirate disorder (2), and spoon Resident # 3 as score assessment referent Resident # 3 as score assessment for ment of 0 - 15, 15 - being of ailly decisions. The nurse's "Progress for Resident # 3 door Staff notified that researound 230pm (2:30 on right side of should review of should resident with the researound 230pm (2:30 on right side of should review of the resident with the researound 230pm (2:30 on right side of should review of the resident with the researound 230pm (2:30 on right side of should review of the resident with the resident with the researound 230pm (2:30 on right side of should review of the resident with the resident w	dents, as required at § T is not met as evidenced riew, facility document ecord review, it was ty staff failed to provide the ombudsman of a facility one of 47 residents in the dents # 3. Id to notify the ombudsman ras transferred to the hospital mitted to the facility on noses that included but were tory failure (1), bipolar indylolysis (3). recent MDS (minimum data essment with an ARD ce date) of 12/19/18, coded	F	623			
	three, person place a 98.3, BP (blood pres	and time), T (temperature) sure 156/78 (one hundred -eight), p (pulse) 86, RR		À			I

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DEPARTI	MENT OF HEALTHAN	MEDICAID SERVICES		W. N. SERVER F.	OMB NO	O. 0938-0391
STATEMENT C	F DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
AND PLAN OF	CORRECTION	DENTIFICATION NOMBER.	A. BUILDING			c
		495358	B. WING			/05/2019
	OUTED OR SURDIVER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	STRE	EET ADDRESS, CITY, STATE, ZIP COD	E	
NAME OF PR	ROVIDER OR SUPPLIER		8830	VIRGINIA STREET		
AMELIA N	URSING CENTER C	ORRECTED COPY	AME	ELIA, VA 23002		
(X4) ID PREFIX TAG	JEACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 623	(on room air), c/o (co Resident noted with (right) side of head w Moderate amount of with gauze and com of motion) wnl (within needed) Tylenol; 650 mouth) at 246pm (2: to feet. Resident wa call bell to notify stal (responsible party), Resident has been s (emergency room) fi (emergency medica (by) stretcher at 256 would not hold bed hospital." On 04/03/19 at 5:15 conducted with OS the social worker ar asked to describe the ombudsman of a fa resident, OSM # 2 s ombudsman at the OSM # 2 was asked ombudsman was not transfer to the hosp	oxygen) 69% (percent) RA omplaint of) pain to head,. small lump near back of R with skin tear in center. bright red blood stabilized pression gauze. ROM (range n normal limits), prn (as 0 mg (milligram) po (by 46 p.m.). No shoes or socks as able to reach out and use off, Supervisor, RP MD (medical doctor) notified. Sent to (Name of Hospital) ER or treatment. Left with EMT I technician) out the facility via sign (2:56 p.m.). RP stated he off resident admitted to 1 p.m., an interview was 1 and admissions director. When 1 and procedure to notify the 1 clitty initiated transfer for a 1 stated, "We fax a list to the 1 beginning of each month." 1 d to provide evidence that the 1 otified of Resident # 3's	F 623			

notified."

and business was not notified she went out and returned therefore the ombudsman was not

	OF DEFICIENCIES CORRECTION	(X1)≈PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		E SURVEY, PLETED
		495358	B. WING		04	/05/2019
	ROVIDER OR SUPPLIER	CORRECTED COPY		STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA, VA 23002		
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F 623	Continued From page of the No further information of the Norder/Index.shtml. (3) A condition in which is the Norder/Index.shtml. (3) A condition in which is the Norder/Index.shtml. (4) A common responsible of the Norder/Index.shtml. (5) A common responsible of the Norder/Index.shtml.	ge 80 roximately 6:45 p.m. ASM member) # 1, the # 2, director of nursing and dent of clinical services, were findings. on was provided prior to exit. gh oxygen passes from your and. This information was website: a.gov/medlineplus/respiratoryfa that causes unusual shifts in wity levels, and the ability to y tasks. This information was website: ih.gov/health/topics/bipolar-dis which a bone (vertebra) in the rod out of the proper position we it. This information was	F 6.			
	fact, RSV is the mo bronchiolitis (inflam the lung) and pneu in children younger United States. It is	ost common cause of imation of the small airways in monia (infection of the lungs) than 1 year of age in the also a significant cause of n older adults. This	ř.			

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1,		(X3) DÂTE SURVEY COMPLETED
	495358	B. WING		C 04/05/2019
DED OD SUDDIJED	455556		STREET ADDRESS, CITY, STATE, ZIP CODE	1 04/03/2013
DER OR SUPPLIER			8830 VIRGINIA STREET	
SING CENTER C	ORRECTED COPY		AMELIA, VA 23002	
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
formation was obtated tips://www.cdc.gov/ccuracy of Assessin FR(s): 483.20(g) 483.20(g) Accuracy the assessment mustident's status. In this resident's status and clinical record, it cility staff failed to minimum data set) assidents in the survent for the facility staff failed to minimum data set) assessment with an ate) of 03/23/19, for the findings include the findings included the findings	ined from the website: rsv/index.html. nents of Assessments. st accurately reflect the T is not met as evidenced view, facility document review was determined that the maintain an accurate MDS assessment for one of 47 ey sample, Resident # 34. d to accurately code bay MDS (minimum data set), ARD (assessment reference or a pressure ulcer. didmitted to the facility on gnoses that included but were tory failure (1), diabetes or depressive disorder (3). It recent MDS (minimum data asment with an ARD noe date) of 03/23/19, coded oring a 15 on the staff atal status (BIMS) of a score cognitively intact for making sident # 34 was coded as assistance of one staff		F 641	ately att. nator for MDS audit ssure ecent the n M-uring time,
	SUMMARY ST (EACH DEFICIENC REGULATORY OR ontinued From page formation was obta ttps://www.cdc.gov/ ccuracy of Assessm FR(s): 483.20(g) 483.20(g) Accuracy he assessment must esident's status. his REQUIREMEN' y: Based on staff intent acility staff failed to minimum data set) a esidents in the survi he facility staff failed to minimum data set) a esident # 34's 14-E essesment with an ate) of 03/23/19, fo the findings include Resident # 34 was a 0/22/2018 with diag of limited to respira nellitus (2), and maj Resident # 34's mos et), a 14-day asses assessment referer Resident # 34 as sc essessment for men of 0 - 15, 15 - being laily decisions, Res equiring extensive a member for activities	A95358 IDER OR SUPPLIER SING CENTER CORRECTED COPY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ontinued From page 81 formation was obtained from the website; ttps://www.cdc.gov/rsv/index.html. ccuracy of Assessments FR(s): 483.20(g) 483.20(g) Accuracy of Assessments. the assessment must accurately reflect the esident's status. his REQUIREMENT is not met as evidenced	DENTIFICATION NUMBER: 495358 B, WING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG ontinued From page 81 formation was obtained from the website; tps://www.cdc.gov/rsv/index.html. ccuracy of Assessments FR(s): 483.20(g) 483.20(g) Accuracy of Assessments. he assessment must accurately reflect the sident's status. his are REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record, it was determined that the scility staff failed to maintain an accurate MDS minimum data set) assessment for one of 47 assidents in the survey sample, Resident # 34. The facility staff failed to accurately code desident # 34's 14-Day MDS (minimum data set), assessment with an ARD (assessment reference ate) of 03/23/19, for a pressure ulcer. The findings include: Resident # 34 was admitted to the facility on 00/22/2018 with diagnoses that included but were of limited to respiratory failure (1), diabetes nellitus (2), and major depressive disorder (3). Resident # 34's most recent MDS (minimum data et), a 14-day assessment with an ARD assessment reference date) of 03/23/19, coded Resident # 34 as scoring a 15 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making laily decisions. Resident # 34 was coded as equiring extensive assistance of one staff nember for activities of daily living and	IDENTIFICATION NUMBER: 495358 B. WING STREETADDRESS, CITY, STATE, ZIP CODE 8300 VIRIGINA STREET AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST SE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Ontlinued From page 81 formation was obtained from the website: tps://www.cdc.gov/rsv/index.html. Couracy of Assessments FF 641 It is the practice of this facility the resident assessment accurar reflects the resident's accurate for section skin. Any disc

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OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		CONSTRUCTION	(X3) DATE COMP	SURVEY
		495358	B. WING			l	05/2019
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 641	"Unhealed Pressure resident have one or ulcers/injuries?" code No." The facility's "Progred dated 03/14/19 documentation, nunces and communic desident with the ARD of oa/2 dated 03/14/19 and the Resident # 34 with a asked to describe the MDS for a pressure to the communication, nunctes and communic	Ulcers/Injuries. Does the more unhealed pressure and Resident # 34 as "zero, as Notes" for Resident # 34 mented, "5:31 p.m. Area on 5 by 0.75 centimeters) on order for triad (5). MD re. RP (responsible party) hone call back." The Injury Investigation for 3/14/19 documented, acrum. Stage and/or the time of discovery 0.5 x 0.75 care plan for Resident # 34 mented, "Problem. Category: 1/19 Sacrum open area. The After LPN #7 was asked to the MDS for Resident # 34 mented in the more some later. When the process for coding the process for coding the process for coding the process for coding the more process." LPN # they follow the RAI (resident)	F	641	On or before 5/4/19 the DC designee will complete educational review for the Inurse's regarding: Completion of the Infollowing Section M, the RAI manual for compressure ulcers and Section M Newly hired licensed MDS staff will receive this education dorientation. The facility does employ agency MDS nurses. IV Beginning 5/6/19, the lead nurse/coordinator will conductive and audit, of M submitted the prior week, for conference accuracy of Section M. This will be completed on 20% of submitted MDS's weekly find weeks, then 10% weekly find weeks, then 20% monthly. discrepancy noted during the will be addressed at that time completion and submission corrected MDS. The lead MDS nurse/coordination will submit results of the audit QAPI committee monthly for review and recommendations.	an MDS per oding ander If and uring a not MDS act a IDS's oding audit of the for 2 for 2 Any audit with of a inator to the	

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	PLE CONSTRUCTION 44		E SURVEY PLETED
			7, 30,601		1	С
		495358	B. WING_			/05/2019
NAME OF P	ROVIDER OR SUPPLIER	1	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE		
				8830 VIRGINIA STREET		
AMELIA N	IURSING CENTER (CORRECTED COPY		AMELIA, VA 23002		
(X4) JD	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR		(X5)
PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		DEFICIENCY)		
F 641	Continued From pag	e 83	F6	341		
	Review of "CMS's (C	Centers for				
		RAI (Resident Assessment				
	Instrument) Version	3.0 Manual CH (chapter) 3:				
	MDS Item M0210: U	Inhealed Pressure		1		
	Ulcers/Injuries docui					
		ew the medical record,				
	including skin care fl	low sheets or other skin				
	tracking forms. 2. Sp	beak with direct care staff and				
		to confirm conclusions from				
		eview. 3. Examine the				
		ine whether any skin				
	ulcers/injuries are pr	resent. Key areas for				
	pressure ulcer/injury	development include the				
	sacrum, coccyx, troc	chanters, ischial tuberosities, eas, such as bony deformities,				
	and neers. Other are	and skin subjected to excess				
	skin under braces, a	friction, are also at risk for				
	pressure ulcers/iniu	ries. Without a full body skin				
	pressure uncers/injur	sure ulcer/injury can be				
	missed Examine the	e resident in a well-lit room.				
	Adequate lighting is	important for detecting skin				
	changes. For any pr	essure ulcers/injuries				
	identified, measure	and record the deepest				
	anatomical stage. 4.	. Identify any known or likely				
	unstageable pressu	re ulcers/injuries."				
	02.04/05/40.24.222	roximately 6:45 p.m. ASM		1		
	(administrative staff		ř	i		
	(administrative stail	# 2, director of nursing and		1		
	ASM # 3 vice president	dent of clinical services, were		İ		
	made aware of the f					
	No further information	on was provided prior to exit.	Ĭ			
	References:					Ĥ.
	(1) When not enoug	h oxygen passes from your				
	lungs into your bloo	d. This information was				î
	obtained from the w	ebsite:				18
	https://www.nlm.nih	gov/medlineplus/respiratoryfa				I.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3) DATE SURV COMPLETED	
		495358	B. WNG		C 04/05/2	019
	ROVIDER OR SUPPLIER URSING CENTER C	CORRECTED COPY		STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COI	(X5) MPLETION DATE
F 641	regulate the amount information was obta https://www.nlm.nih.001214.htm. (3) Depression may blue, unhappy, mise Most of us feel this washort periods. Clinic disorder in which fee or frustration interfer or more. This inform website: https://medlineplus.cs//medlineplus.	e in which the body cannot of sugar in the blood. This ained from the website: gov/medlineplus/ency/article/ be described as feeling sad, rable, or down in the dumps. way at one time or another for cal depression is a mood elings of sadness, loss, anger, re with everyday life for weeks nation was obtained from the gov/ency/article/003213.htm. bony structure that is located mbar vertebrae and that is livis. The sacrum forms the and strengthens and Joined at the very end of the our tiny, partially fused the coccyx or "tail bone". The this support for the pelvic is a bone of little use. This ained from the website: gov/ency/imagepages/19464. ste that contains zinc-oxide. It managing light-to-moderate dates. Coloplast triad paste adate and it gently sticks to Coloplast Triad Dressing wound healing environment	F 64	41		
	that facilitates natur information was obt	al autolytic debridement. This ained from the website:		(A)		

CENTER	S FOR MEDICARE &	MEDICAID SERVICES		_		CIVID INC	0.0000-0001
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED
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		495358	B. WING			04	/05/2019
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			1	883	30 VIRGINIA STREET		
AMELIA N	URSING CENTER C	ORRECTED COPY		A۱	MEL1A, VA 23002		
W 11 15	TO VOAMMILS	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	N	(X5)
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F 641	Continued From pag	e 85	F 6	541			
		oductsforyou.com/p-coloplast					
	-triad-hydrophilic-dre	essing.html?gclid=EAIaIQobC BDICh2u7QrSEAAYASAAEgI					
F 656	Develop/Implement (Comprehensive Care Plan	F6	556			
SS=D	CFR(s): 483.21(b)(1)) 22					
					F 656		
	§483.21(b) Compreh				It is the practice of this facilit	y that	69 10
		icility must develop and			each resident has a person-cer	ntered	0-1-6
		hensive person-centered esident, consistent with the			comprehensive care plan deve	loped	
	care plan for each re	rth at §483.10(c)(2) and			and implemented to meet h	is/her	1
	§483.10(c)(3), that in				preferences and goals,	which	
	objectives and timefr	rames to meet a resident's			addresses the resident's me	dical,	
		d mental and psychosocial			physical, mental and psycho		
	needs that are identi	fied in the comprehensive			needs.		
	assessment. The co	mprehensive care plan must			Acces.		
	describe the followin				ĭ		
		are to be furnished to attain			Past alleged non compliance	o for	
	or maintain the resid	lent's highest practicable					
	physical, mental, and	d psychosocial well-being as			developing or implementing		
	required under §463	.24, §483.25 or §483.40; and would otherwise be required			comprehensive care plan		
	1 (II) Ally Services that	3.25 or §483.40 but are not			Residents #45, #60 & #83 cam		
	provided due to the	resident's exercise of rights			corrected. Resident # 83 no l	onger	
		iding the right to refuse			resides in the facility.		
	treatment under §48			- 1	II		
		services or specialized			Licensed staff will con	nplete	
		es the nursing facility will		İ	dressing changes per MD orde	er and	İ
	provide as a result o				per the care plan.		
		f a facility disagrees with the		1	Nursing staff will follow the	care	1
		RR, it must indicate its			plan and implement interver		
		lent's medical record.			identified on the care plan		1
	• •	ith the resident and the		į	residents with behaviors	. 101	i
	resident's representa	ative(s)- cals for admission and			Nursing staff will implement	t and	ž.
	desired outcomes.	Jais for admission and		2			
		reference and potential for			follow the care plan	for	
	(- / · · · - · · - · · · · · · · · · · ·	•	10.7		STREET ALL OF AN AUGUS		110

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	2127000710001	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	(X3) DATE SURVEY COMPLETED	
					C
		495358	B WING		04/05/2019
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whether th community local conta entities, for (C) Discha plan, as aprequirement section. This REQUI by: Based on record revisable to de compreher in the survand #83. 1. The fact compreher treatment 2. The fact plan for will Resident # attempted failed to in the care p 3. The fact 83's compreher in the care p 3. The fact fact fact fact fact fact fact fact	narge. Face resident was assect agencies this purp rege plans propriate, at set for difference with the set for the set for Reside lity staff facen a resident for her and for her callity staff facen a resident for her sility staff facen a for her sility staff facen and for her sility staff facen a resident for her sility staff facen a resident for her sility staff facen a resident for her sility staff facen as a resident facen a	cilities must document as desire to return to the assed and any referrals to as and/or other appropriate ose. in the comprehensive care in accordance with the th in paragraph (c) of this T is not met as evidenced on, staff interview, and facility adetermined the facility staff d/or implement the plan for three of 47 residents a, Residents #2, #60, #45, alled to implement the plan for a physician ordered ant #60. alled to implement the care dent has behaviors for 2/8/18 the facility staff only ention of redirection and other intervention identified on behaviors alled to implement Resident # care plan for the ygen to the resident as	F 656	On or before 5/4/19, the DON, Managers or designee will con in-service education for nur staff regarding: • Implementation of comprehensive care plan • Following a comprehen	duct rsing a n nsive clude riors, rsing ation ssing of that ed or nl. and this Any on will to

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F 656	Continued From page	e 87	F	656			
1	treatment for Resider				IV		
					Beginning 5/6/19 the DON or	Unit	
	Resident #60 was ac			Managers, or designee	will		
	11/25/14 with diagno			complete audits of the completic	on of		
	not limited to: stroke, diabetes, and peripheral vascular disease [any abnormal condition,				dressings, per physician order		
	including atheroscler			the care plan. This audit will	take		
	outside the heart (1)]				place 5 days per week,	to	
					encompass all 3 shifts and week		
	The most recent MD	S (minimum data set)			Any discrepancy noted during	g the	
		erly assessment, with an ce date of 3/1/19, coded the			audit will be corrected at that tir	ne.	
		"13" on the BIMS (brief					
	interview for mental	status) score, indicating she			Beginning 5/6/19 the DON or	Unit	
	is capable of making	daily cognitive decisions.			Managers, or designee	will	
		oded as requiring limited to			complete audits of residents	with	
	most of her activities	e of one staff member for			new orders or changes in order		
	most of her activities	of daily living.			psychotropic medications to v		
	Observation was ma	ide of Resident #60 on 4/2/19			that the care plan interventions		
	at 4:03 p.m. the resid	dent was sitting in her			implemented and new order		
		om. There was noted to be a			psychotropic medication was		
	dressing on her left l	ower leg on the shin and			obtained without implementation	on of	
	handwritten on the d	ressing, 3/31/19.			the behavior interventions.		
	The comprehensive	care plan dated, 3/5/19,			This audit will take place dail		
	documented in part,	"Tx (treatment) to area on L			I		
	(left) LE (lower extre	mity) per orders; see eTAR			days per week, as part of the clinical meeting. Any discrepa		
	(skin tears)." The "A	pproach" documented in part,			noted during the audit will		
	(doctor) as indicated	red; refer to wound DR I."			corrected at that time.	UC	
							_
		s dated, 3/5/19, documented,					
	cover with dry dress	eg with NS (normal saline) ing and Kerlix, once a day."	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Review of the eTAR	(electronic treatment	*		1 0 8 -		
		d) for April 2019 documented	į		I		
		e treatment was scheduled					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 04/05/2019 495358 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET CORRECTED COPY AMELIA NURSING CENTER AMELIA, VA 23002 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION ID SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 656 Beginning 5/6/19 the DON, Unit Continued From page 88 F 656 Managers, / designee will complete for the 7:00 a.m. to 3:00 p.m. shift. On 4/1/19 it was initialed as being completed by RN an audit of the administration of (registered nurse) #4. Under the "Comments" oxygen to validate that oxygen is section it was documented, "Charted late." administered per MD order and care This audit will take place An interview was conducted with LPN (licensed covering all 3 shifts, 5 days per practical nurse) #1 on 4/4/19 at 11:59 a.m. When week for 1 week then 2 times per asked the purpose of the care plan, LPN #1 stated, "It gives you set goals and a way to get week for 1 week, then weekly for 8 there." When asked if a physician ordered Any discrepancy noted weeks. treatment is on the care plan and it's not during the audit will be addressed at completed, is that following the care plan, LPN #1 that time. stated, "No, Ma'am." Results of the above audits will be submitted by the DON, to the QAPI An interview was conducted with RN (registered nurse) #4 on 4/4/19 at 5:06 p.m. When asked if committee, monthly, for its review the care plan documents that a treatment should and recommendations. be completed as ordered by the physician and it's not completed, is that following the care plan, RN #4 stated, "No, Ma'am." Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing and ASM #3, the regional vice president of clinical services, were made aware of the above concern. On 4/5/19 at 1:00 p.m., a request was made of ASM #3 for a policy related to following the comprehensive care plan. At 3:13 p.m. ASM #3 informed the survey team the facility didn't have a policy on following the care plan that it is a standard of practice. When asked which standard of practice the facility follows, ASM #3 stated, "Lippincott."

According to Fundamentals of Nursing Lippincott

Williams and Wilkins 2007 pages 65-77 documented, "A written care plan serves as a communication tool among health care team

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F 656	careThe nursing information about to and goals. It conta achieving the goals and is used to direr revise and update there are changes with new orders. No further information (1) Barron's Diction Non-Medical Read Chapman, page 44 2. The facility staff plan for when a read Resident #45. On attempted the interfailed to implement the care plan for has Resident #45 was 4/2/12 with diagnor limited to: anxiety blood pressure. The most recent Massessment, an an assessment reference interview for ment was severely imparted to the resident as scoring interview for ment was severely imparted to the resident as scoring interview for ment was severely imparted to book back period.	s ensure continuity of care plan is a vital source of the patient's problems, needs, ains detailed instructions for a established for the patient ct careexpect to review, the care plan regularly, when in condition, treatments, and tion was provided prior to exit. The patient of Medical Terms for the ler, 5th edition, Rothenberg and detailed to implement the care sident has behaviors for 12/8/18 the facility staff only revention of redirection and to tother intervention identified on	F6	56		

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F 656	living. In Section N - was coded as receiving antipsychotic and an The comprehensive documented in part, psychotropic daily. Some dication used to the depression and in comedication for deprefor GDR (gradual doctoremain stable most and curse staff at time continues to sleep in like to be bothered literationally advancing demential insomnia." Added on orders d/t (due to) in "Approaches" document gradual dose reductions (Resident #45)'s beindetermine the need Monitor (Resident #45)'s beindetermine the need	set of her activities of daily Medications, the resident ing seven days of an antidepressant. care plan dated, 11/19/18, "Problem: Anxiety, received eroquel (an antipsychotic reat schizophrenia, bipolar injunction with other ssion) (1) d/c during review se reduction); mood appears set times. Can be combative hes when performing care, chair while up and doesn't	F	656			
		December 2018 documented, Res (Resident)awake at oted with increased	-				

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CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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confusion, restlessness, nasal flaring (8),

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F 656	elevated blood press and increased pulse) documented, "Oxyge cannula) as ordered. On 04/04/19 at 1:23 conducted with LPN 1. When asked to locare plan and determ followed, LPN # 1 stanot followed." A review of the facilit Administration" docu 1. Oxygen is adminiswritten order of a lice According to "Lipping Practice", Seventh E & Wilkins, pg. 276 recare (patient care pladirects the efforts of work with patients to responsive to the increds of the patient. On 04/04/19 at appre (administrative staff was made aware of	ure, increased respirations, "Under "approach" it n via (by) N/C (nasal Start Date: 03/22/2019." p.m., an interview was (licensed practical nurse) # pok at the Resident # 83's nine if the care plan was ated, "No, the care plan was by policy titled, "Oxygen mented as follows: there to the resident only upon mosed physician. Cott Manual of Nursing dition: by Lippincott Williams ad: "The plan of nursing an) is the written guide that the nursing team as nurses meet their health goalsIs lividual characteristics and " poximately 4:52 p.m., ASM member) # 1, administrator,	F	656			
	germs, such as bact cause pneumonia. Y	e or both of the lungs. Many- eria, viruses, and fungi, can fou can also get pneumonia or chemical. This information he website: he website.					

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F 656	2. Disease that make can lead to shortness types are chronic brown the main cause of Common to substances that in This is usually cigare chemical fumes, or common to information was obtained that in the series of the main cause of Common to information was obtained that infor	es it difficult to breath that so of breath). The two main conchitis and emphysema. COPD is long-term exposure ritate and damage the lungs. Lette smoke. Air pollution, dust can also cause it. This sained from the website: gov/medlineplus/copd.html. Lich not enough oxygen lings into your blood. This lained from the website: gov/medlineplus/respiratoryfa gen reaching the tissues of mation was obtained from the m-webster.com/dictionary/hyp the skin or mucous y due to a lack of oxygen in cal term is cyanosis. This lained from: by/ency/article/003215.htm and shallow; Fast shallow gov/ency/article/007198.htm - lia	F	556			
	uncomfortable for you body needs. You make enough air. Someting breathing problems intense exercise. But	ort of breath, it's hard or but to take in the oxygen your ay feel as if you're not getting mes you can have mild because of a stuffy nose or ut shortness of breath can serious disease. This					

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F 657 SS=D	https://medlineplus.go	ned from the website: by/breathingproblems.html, nostrils widen while a sign of trouble breathing. by/ency/article/003055.htm - a I Revision (i)-(iii) ensive Care Plans brehensive care plan must a days after completion of essessment. terdisciplinary team, that bited to a vician. with responsibility for the I and nutrition services staff. cticable, the participation of esident's representative(s). be included in a resident's contributed in a resident resentative is determined a development of the staff or professionals in fined by the resident's needs a resident. seed by the interdisciplinary essment, including both the	F 65	F 657 It is the practice of this facility review or revise resident care pl periodically and the servi provided or arranged are consist with each resident's written plant care. I The care plan for Resident # 3 v re-reviewed and the intervention the fall of 3/8/19 was noted to under the problem section. The caplan interventions were updated, the MDS nurse to reflect the mintervention which was put in place post fall of 3/8/19. II The Interdisciplinary team (III will review resident changes condition to include falls, during AM clinical meeting, 5 days week, to validate that care plans	ans ces tent of was for be tare by new onto

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F 657	This REQUIREMENT by: Based on staff intervand facility document that facility staff failed plan for one of 47 res Resident # 3. The facility staff failed comprehensive care 03/08/19. The findings include: The facility staff failed comprehensive care 03/08/19. Resident # 3 was add 08/22/2018 with diag not limited to respirat disorder (2), and spoon Resident # 3's most reset), a quarterly asset (assessment reference Resident # 3 as scori assessment for mentice.	iew, clinical record review review, it was determined to review or revise the care sidents in the survey sample, do to update Resident # 3's plan concerning a fall on the facility on concerning a fall on mitted to the facility on concess that included but were ory failure (1), bipolar indylolysis (3). The cent MDS (minimum data resement with an ARD concerning a fall on the staff all status (BIMS) of a score cognitively intact for making	F	657	The DON and/or Unit Manage designee will complete a review residents with falls retro to Jan 1, 2019 to validate that care properties for residents with falls were reviewed and revised as indice post fall. Any discrepancy, if now was addressed at that time with intervention which was put place at the time of the fall be placed on the current care place applicable to the residents' current condition. III On or before, 5/4/19 the DON Unit Managers, or designee conduct an in-service education license nurses on: • F 657—Care plan Time and Revision to incompression reviewing for update care plan post fall decrease risk of additing falls Newly hired nursing staff agency staff will receive education during orientation.	w of uary clans were ated oted the into eing n if trent N or will for ming lude the to onal and this		
	"Resident was found @ (at) 930pm (9:30 p she fell on the floor. assessment done de time RP (responsible	ident # 3 documented, on the floor in her bathroom o.m.) unable to explain how Range of motion and nies pain no injury @ this party) daughter [sic] inlaw dical doctor (Name of			education during orientation. PRN staff or those currently FMLA, LOA or vacation receive this education prior beginning their next scheduled st	will to		

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F 657	The comprehensive with a target date of was reviewed. Under "Category: Falls. (Refor falling r/t (related (medications), incontinuscle weakness, be oriented X (times 0) able to make needs the care plan failed to that the comprehens or revised following fol	care plan dated 12/26/18 03/26/19 for Resident # 3 or "Need" it documented, esident # 3) is at a low risk to) psychotropic meds tinence and generalized alance issues, alert and 3 (three) and available and known." Further review of o evidence documentation ive care plan was reviewed Resident # 3's fall on p.m., an interview was (licensed practical nurse) # ordinator about updating or in for Resident # 3's fall on ing the care plan for Resident with a target date of 03/26/19, has not on the care plan eported me." When asked to so for updating the care plan eported me." When asked to so for updating the care plan eported me." When asked to so for updating the care plan eported me." LPN interview was the floor can always add to the is a change because the or at the nurse's station." LPN interview was the facility report on the every 24 hours and/or the unit manager or the	F	357	Beginning 5/6/19 the DON designee will review resident fall the AM clinical meeting, 5 days week, to validate that the care pl for residents with changes condition or falls, were upda Any discrepancy noted during audit will be addressed a that ti This audit will take place 5 days week on an ongoing basis. Results of the audit will submitted monthly, by the DON the QAPI committee for its revand recommendations.	s in per lans in ted. the me. per be	

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F 657	care plan is an interct tool. It must include time frames and must are to be furnished to resident's highest properties and psychosocial were be reviewed and rev	disciplinary communication measurable objectives and st describe the services that o attain or maintain the acticable physical, mental, ell-being. The care plan must vised periodically, and the arranged must be consistent written plan of care." Toximately 6:45 p.m. ASM member) # 1, the # 2, director of nursing and dent of clinical services, were findings. On was provided prior to exit. The oxygen passes from your d. This information was rebsite: .gov/medlineplus/respiratoryfa that causes unusual shifts in only levels, and the ability to y tasks. This information was rebsite: in gov/health/topics/bipolar-dis wit. This information was	F	657			

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F 684 F 684 SS=D	applies to all treatments facility residents. Bate assessment of a residents received accordance with propractice, the compressore plan, and the resident facility. Based on observation document review and was determined the one resident (Residents, received accordance with procomprehensive care). The facility staff faile to Resident #60 per The findings included Resident #60 was a 11/25/14 with diagrant limited to: stroke vascular disease [and including atheroscles outside the heart (1). The most recent Massessment, a quarassessment referent resident as scoring	care undamental principle that ent and care provided to sed on the comprehensive ident, the facility must ensure the treatment and care in fessional standards of thensive person-centered tesidents' choices. This not met as evidenced on, staff interview, facility diclinical record review, it facility staff failed to ensure the care and services in fessional standards and the fessional standards and the fessional standards and the fessional record review the care and services in fessional standards and the	F 684		facility intered, ident's e and ractice ysical, is ident ere was sult of ident ere was orders. ed 1:1 #4 on a 'red' to alert ervisor

TATEMENT C ND PLAN OF	OF DEFICIENCIES CORRECTION	(X1): PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495358		NG	ONSTRUCTION	COMPL C 04/0	
	Oftenie Tarre	CORRECTED COPY	ID	883	REET ADDRESS, CITY, STATE, ZIP CODE O VIRGINIA STREET MELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION	IN	(X5) COMPLETION
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F 684	is capable of making Resident #60 was of extensive assistance most of her activities. Observation was mat 4:03 p.m. the resident in her roon her left lower leg "3/31/19" was hand. The physician orde "Cleanse left lower cover with dry dres. Review of the eTAI administration recompared for the above physicial scheduled for the administration recompared in particular to the above physicial scheduled for the above physicial scheduled for the above physicial scheduled for the above physicial scheduled for the above physicial (registered nurse) section, "Charted I The comprehensive documented in particular to the above physicial for the above physicial scheduled for the above physicial (registered nurse) and the above physicial scheduled for the a	g daily cognitive decisions. oded as requiring limited to e of one staff member for s of daily living. ade of Resident #60 on 4/2/19 ident was sitting in her om. A dressing was observed g, on the shin. The date written on the dressing. rs dated, 3/5/19, documented, leg with NS (normal saline) sing and Kerlix, once a day." R (electronic treatment ord) for April 2019 documented on's order. The treatment was 7:00 a.m. to 3:00 p.m. shift. On led as being completed by RN #4. Under the "Comments" ate" was documented. re care plan dated, 3/5/19, rt, "Tx (treatment) to area on L tremity) per orders; see eTAR 'Approach" documented in part, dered; refer to wound DR	F	684	choices.	o audit ion of Any e audit on the omplete ders per ctice. N, Unit conduct icensed agency ates to ords of centered resident dressing er of care	

CENTERS FOR MEDICARE & MEL					(X3) DATE SURVEY
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COMPLETED
AND PLAN OF	CORRECTION	JENTH ISSUED	A BOILDING _		l c
		495358	B. WING		04/05/2019
NAME OF D	ROVIDER OR SUPPLIER		l s	TREET ADDRESS, CITY, STATE, ZIP CODE	
NAME OF F	ROVIDER OR GOLLER		88	830 VIRGINIA STREET	
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(VA) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
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F 684	Continued From page	e 101	F 684	Newly hired nursing staff	and
		do be done no matter what.		agency staff will receive	this
	It's once a day so it r	eally doesn't matter which		education during orientation.	Any
	shift but has to be co	empleted once a day. If it is	İ	PRN staff or those currently	on
	late, then you have to	o notify the doctor and chart	i	FMLA, LOA or vacation	will
	in the record that it w	vas late." When asked if staff	Í	receive this education prior	to
	followed the physicia	an orders since the dressing	1	beginning their next scheduled s	
	wasn't completed on	4/1/19, LPN #1 stated, "No."			
	An intension was cor	nducted with RN #4 on 4/4/19	1		
	at 5:06 n m. The abo	ove information was reviewed		IV	
	with RN #4. When as	sked if he signed off the		Beginning 5/6/19 the DON or	Unit
	treatment on 4/1/19,	RN #4 stated, "Yes." When		Managers / designee will audi	
	asked if he complete	ed the dressing ordered by		completion of dressing change	
	the physician to the	resident left lower leg, RN #4		validate that they are completed	
	stated, "No, the syst	em keeps popping up a red		MD order. This audit will take p	lace
	window that it's not o	completed so I just signed it			
	off." When asked if a	a physician order for a e followed, RN #4 stated,		5 days per week for 1 week on	
	"Yes, Ma'am."	e lollowed, IVIV #4 states,		of the residents with dres	
	165, Ivia airi.		1	changes orders, then 2 days	
	Administrative staff	member (ASM) #1, the	1	week for 1 week on 20%	1
	administrator, ASM	#2, the director of nursing and		weekly on 20% for 4 weeks.	
	ASM #3, the regions	al vice president of clinical		discrepancy noted during the	audit
	services, were made	e aware of the above concern.		will be corrected at that time.	
	On 4/5/19 at 1:00 p	.m., a request was made of	8	D 1: C 3	ha
-	ASM #3 for a policy	related to following physician	-	Results of the audits will	
ľ	orders. On 4/5/19 at	t 3:13 p.m., ASM #3 informed		submitted by the DON, to the	
	the survey team the	facility did not have a policy		committee, monthly, for its re	view
	on following physicia	an orders; it's a professional	5	and recommendations.	
	standard of practice	. When asked which standard	1	14	
	of practice they follo	ow, ASM ## stated,	#) #)	1	
	"Lippincott."				Ī
	The Potter-Perry Fu	indamentals of Nursing, 6th			4
	edition, was used as	s a reference related to			
	documentation. In a	a table describing the Legal			1
	Guidelines for Reco	ording, the following was			
	noted; "Chart only for	or yourself." "Records need to			

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STATEMENT C	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		495358	B, WING		04/05/2019
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F 686 SS=D	reflect accountability entry, which is best a chart only their own of the composition of	during the time frame of the ccomplished when nurses observations and actions." In was provided prior to exit. In was provided prior to exit. In was provided prior to exit. In was provided prior to exit. In was provided prior to exit. In was provided prior to exit. In was provided prior to exit. In was provided prior to exit. In was provided prior to exit. In was provided prior to exit. In was provided pressure Ulcer (i)(ii) In was eassessment of a must ensure that- Is care, consistent with a care, consistent with a condition exit eloping and ervices, consistent eloping. In was provided pressure ividual's clinical condition exit eloping. In was provided pressure ividual's clinical condition exit eloping. In was provided pressure ulcers receives and services, consistent eloping. In was provided prior to exit. In was provided prior to	F 684	F 686 It is the practice of this facility the resident receive care, consist with professional standards practice to prevent pressure ultimate and does not develop pressure ultimates the individual's clin condition demonstrates that were unavoidable and a resist with a pressure ulcer recencessary treatment and servicensistent with professist standards of practice, to profibealing, prevent infections prevent new ulcers from develop. I Past non-compliance cannot corrected for Resident # 83	stent of lcers lcers nical they dent eives ices, conal mote and bing
	* measurements were	completed to assess and	1 0 0		

Event ID: TLKX11

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTII	PLE CONSTRUCTION) (EX)	DATE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:		G	C	COMPLETED
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NAME OF PE	ROVIDER OR SUPPLIER	495358	B, WING _	STREET ADDRESS, CITY, STATE, ZIP CODE		04/05/2019
				8830 VIRGINIA STREET		
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 686	The findings include: The facility staff failed assessments includin wound description to decline, to evaluate / Resident #83's sore. Resident #83 was ac 03/13/2019 with diag not limited to: malignate (2), epilepsy (3), and pulmonary disease (4). Resident #83's most set), a 14-day assess (assessment reference Resident #83 as social assessment for ment of 0 - 15, 15 - being of daily decisions. Resident #83 as socially decisions. Resident #83 as socially decisions. Resident #83 as socially decisions. Resident #83 as socially decisions. Resident #84 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions. Resident #85 as socially decisions.	f Resident #83's multiple If to complete weekly g measurements and determine wound healing or monitor the healing of Idmitted to the facility on moses that included but were ant neoplasm (1) of brain chronic obstructive I). recent MDS (minimum data sment with an ARD be date) of 03/27/19, coded ring a 15 on the staff al status (BIMS) of a score cognitively intact for making dent #83 was coded as ssistance of one staff of daily living and	F6	II On 4/24/19 & 4/25/19 the Unit Managers complete sweep on all facility res identify any skin issues of facility was not aware. T no new skin issues not wounds were measured on The Unit Managers ar designee completed track for residents with current ulcers. Nursing management /des complete weekly wound include measurements a wound progress weekly.	d a skin sidents to which the here were ed. The 4/25/19. In DON/ sing tools a pressure signee will rounds to	
	approximately 11:30 for a list of all resider injuries. The facility's					

stage II pressure ulcer on her buttocks.

MAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER CORRECTED COPY AMELIA NURSING CENTER CORRECTED COPY AMELIA NURSING CENTER CORRECTED COPY TAG FREGULATORY OR LSC IDENTIFYING INFORMATION FREGULATORY OR LSC IDENTIFYING INFORMATION TAG The facility's "Pressure Injury Investigation" for Resident # 83 dated 3/15/19 documented, "Location of Ulcer at time of discovery. Stg (stage) 2 (two.)" entire review of the "Pressure Injury Investigation" falled to document any measurements. The facility's "Weekly Skin Assessment" for Resident # 83 dated 3/15/19 documented a picture oudine of a human body with three short horizontal lines on the left buttocks and was labeled "Open." The facility's "Progress Notes" for Resident # 83 dated 30/15/2019 documented in part, "ADMITT (admission) (Name of Physician) in to see resident for admit and NNO (no new orders). MD (medical doctor) aware of open areas to residents buttocks. Advised to continue current Tx (treatment) at this time" The comprehensive care plan for Resident # 83 dated 30/32/2019 documented, "Category." Pressure Ulcor. Potential for skin breakdown. (Resident # 33) is a new admit (admission) with recent hospitalization for UTI (uniary tract infection)? sepsis. She has edema (swelling) to her BLE (bitaleral Jobh sides) lower extremitly and was receiving wound care from (Name of Doctor). Resident # 33 is a new admit (admission) with receive this education prior to beginning their next scheduled shift receive this education prior to beginning their next scheduled shift receive the comprehensive care of her brotucks that is being treated with triad paste." Under "Approach", it documented several interventions and treatments for the pressure ulcers on each of her founctioks that is being treated with triad paste." Under "Approach", it documented several interventions and treatments for the pressure ulcers on each of her founctioks that is being treated with triad paste." Under "Approach", it documented several interventions and treatments for the pressure ulcers		F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AMELIA NURSING CENTER CORRECTED COPY SUMMEY SYSTEMENT OF CENCINESS SOURCESS, CITY, STANE, ZIP CODE SUSY WIRCHAN STREET AMELIA, VA. 23002 FROODSTREET VA. OF CORRECTION (EACH OF CROSS-REFERENCED TO THE APPROPRIATE DEPORTMENT OF THE APP	AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A BUILDING		
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The facility's "Pressure Injury Investigation" for Resident # 83 dated 3/15/19 documented, "Location of Ulcer 8 uttocks. Stage and/or description of ulcer at time of discovery: Stg (stage) 2 (two)." Further review of the "Pressure Injury Investigation" failed to document any measurements. The facility's "Weekly Skin Assessment" for Resident # 83 dated 3/15/2019 documented a picture outline of a human body with three short horizontal lines on the left buttocks and was labeled "Open." The facility's "Progress Notes" for Resident # 83 dated 3/15/2019 documented in part, "ADMITT (admission) (Name of Physician) in to see resident for admit and NNO (no new orders). MD (medical doctor) aware of open areas to resident's buttocks. Advised to continue current Tx (treatment) at this time" The comprehensive care plan for Resident # 83 dated 03/22/2019 documented, "Category; Pressure Ulcer. Potential for skin breakdown (Resident # 83) is a new admit (admission) with recent hospitalization for UII (urinary tract infection)? sepsis. She has edema (swelling) to her BLE (bilateral [both sides] lower extremitly) and was receiving wound care from (Name of Doctor). Resident has 2 (two) stage 2 (two) pressure ulcers on each of her buttocks that is being treated with triad paste." Under "Approach", it documented several interventions and treatments for the pressure ulcer. Further review of the comprehensive care plan failed to	AMELIA N (X4) ID PREFIX	URSING CENTER C SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA	E COMPLETION
evidence documentation of wound	F 686	The facility's "Pressu Resident # 83 dated "Location of Ulcer: B description of ulcer a (stage) 2 (two)." Fur Injury Investigation" measurements. The facility's "Weekly Resident # 83 dated picture outline of a h horizontal lines on the labeled "Open." The facility's "Progred dated 03/15/2019 do (admission) (Name or resident for admit an (medical doctor) awaresident's buttocks. Tx (treatment) at this The comprehensive dated 03/22/2019 do Pressure Ulcer. Pot (Resident # 83) is a recent hospitalizatio infection)? sepsis. Sher BLE (bilateral [b Had previous injury and was receiving w Doctor). Resident horessure ulcers on eleing treated with tr "Approach", it docur and treatments for the review of the comprehensive of the comprehensive and treatments for the review of the comprehensive of the comprehensive of the comprehensive ulcers on eleing treated with tr "Approach", it docur and treatments for the review of the comprehensive of the comprehensive of the comprehensive of the comprehensive ulcers on eleing treated with tr "Approach", it docur and treatments for the comprehensive of the comprehensive of the comprehensive of the comprehensive of the comprehensive ulcers on eleing treated with tr "Approach", it docur and treatments for the comprehensive of the comprehensit	re Injury Investigation" for 3/15/19 documented, uttocks. Stage and/or t time of discovery: Stg ther review of the "Pressure failed to document any state of the "Pressure failed to document any state of the "State of the "State of the "State of the "State of the Investment of the I	F 686	On or before, 5/4/19 the DON Unit Managers /designee provide an in-service education current licensed nurses and age staff nurses regarding: • Facility wound protocol • Wound measuring • Documentation of wor on identification to incomeasurements, wound location, surrounding tise notification to the MD RP • following and complete treatment orders • Infection prevention • following the care plan MD orders Newly hired nursing staff agency staff will receive education during orientation. PRN staff or those currently FMLA, LOA or vacation receive this education prior	will a for ency unds clude bed, ssue and eting and this Any y on will r to

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	LE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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		495358	B. WING		04/05/2	2019
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AMELIA NURSING CENTER CORRECTED COPY			AMELIA, VA 23002			
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F 686	measurements. The facility's TAR (tre record) for Resident is 03/31/2019" docume Further review of the assessments conduct documented, "No new 03/26/19 that docume abnormalities." The facility's TAR for "04/01/2019 - 04/04/2 Assessment." Further revealed staff initials 11:00 p.m. indicating completed. Under "F (not applicable)." The facility's "Progred dated 03/18/2019 dodiscussion with RP (if when RP notified of considering as a second representation of the sacrum. RP advised cycle has been an or that is why she has held RP made aware of notime. Thanked writer update given at this to the facility's "Progred dated 03/26/2019 do observation of resides Open area approxim (by) 0.25" (one-fourth pink wound bed note surrounding skin inta Right buttocks [sic] not sacrounding skin inta Right buttocks [sic] not sacrou	eatment administration # 83 dated "03/01/2019 - nted, "Skin Assessment." TAR revealed skin sted on 03/19/19 that w skin areas" and on ented, "No new Resident # 83 dated 2019" documented, "Skin	F 68	IV Beginning 4/25/19 the treatmourse or Unit Managers / desiwill monitor completion of we measurements and begin tractwound progress, on a weekly ba The DON / designee will then at the completion of we measurements and validate trace	gnee ound cking sis. audit ound cking Any audit time. be QAPI	

CENTER	S FOR MEDICARE & I	MEDICAID SERVICES	-		The state of the s	OMB NO	0. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT		COMP	(X3) DATE SURVEY COMPLETED		
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	Continued From page doctor) aware. Attended Further review of the Resident # 83 dated 03/25/04/19 and 03/2 to evidence assessmand monitoring of Resident # 84 (Administrative Staff Director of Nursing, and Clinical Services) findings. At this time observe Resident # 8 facility staff did not pure On 04/05/19 at 11:17 conducted with RN (reviewing the facility Investigation" for Re RN # 3 agreed the widiscovered on 0 3/15 (Resident #83) had and I followed the or skin assessment for completed, RN # 3 s	facility's progress notes for 03/15/19 through 04/04/19 failed tent, measurements, tracking sident # 83's pressure ulcer. m., during the end of day 1, ASM #2, and ASM #3 Members; the Administrator, and Regional Vice President were made aware of the a request was made to 33's wound on 4/5/19. The rovide this opportunity. 7 a.m., an interview was registered nurse) # 3. After s "Pressure Injury sident # 83 dated 3/15/19, yound was a stage II and was 5/19. RN #3 stated, she an order for A&D ointment der. When asked if weekly Resident # 83 were stated, "Weekly skin	TAG			RIATE	DATE
	When asked if woun	mpleted for all residents." d assessments including		9			
	measurements are t	aken weekly for residents	3				19
	with pressure ulcers	, RN # 3 stated, "They should					
	be." After reviewing	Resident # 83's TARs dated	1				
	for March and April 2	2019 and the progress notes,	1				Ĭ.
	RN # 3 was asked if	the assessments and					
	measurements of Re	esident # 83's wound were					8
	being documented.	RN # 3 stated, "I don't see					Ē
	any." When asked I	f there was tracking and at # 83's pressure ulcer, RN #					(
1	trending for Residen	it # 03 5 piessure dicer, titt #					-

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DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING B. WING 04/05/2019 495358 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES COMPLÉTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 686 F 686 Continued From page 107 83 stated, "Not done appropriately" When asked why is was important to assess, measure, track and monitor a pressure ulcer, RN # 3 stated, "We need to know the condition of the resident so we can treat appropriately." A review of the facility policy, "Wound Protocol" which was undated, documented: "It is the intent of the facility to complete a weekly assessment of all wounds. Many of the wounds are assessed weekly by the wound care physician with documentation provided to facility and scanned into the clinical record. That physician also provides a weekly wound report of the status of each of the wounds he treats. This report is utilized by the facility as the weekly wound report. There are also wounds which that physician does not assess and treat on a weekly basis. The facility nurses are responsible for assessing and documenting the assessment in the clinical record. It is further the intent that the facility will be knowledgeable of the status / progress of each wound in facility. Process: 1. All wounds are to be treated daily by the nurse who is responsible for the care of that resident. 2. Each Thursday, the nurse will assess, measure and document on the status of each wound not being followed by the wound physician. 3. Documentation will be completed on the Weekly Pressure Ulcer and Non-Pressure Skin

Condition forms.

4. The assessment will include the following: a. resident room number and name. b. identify if the wound is admitted and the date of admission. c. identify if the wound is in-house acquired and the date of onset. d. site of area of impairment. e. stage (if pressure). f. if not pressure, identify

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY	
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	the type of wounds etc.) g. measureme h. description of wor j. exudate (type and drainage - type/amowound (improving/d include devices. 5. The nurse is to condocument every The wounds existing in from the MD board on the MD board on the MD board on the MD board on manager on Friday will ensure notification. Unit manager will documentation to consume the wound report unit manager each to DON by the end of completing the report validating that the abeen completed and g. If wound physicial facility nurse is respreporting on each wound physician get 10. Identification of included on the shift 11. Nurse is expectance worders upon id 12. Weekly report to	venous, arterial, skin tear, nts (length x width x depth). und bed. i. peri wound tissue. amount). k. odor. l. unt. m. pain. n. status of the eclining/no change); also omplete the assessment and ursday. This will ensure all acility are assessed on the ek (wound physician in facility mentation forms will be placed each unit for the unit morning. The unit manager	F	886			
	Guide by NPUAP (I	Treatment Quick Reference National Pressure Ulcer tes on page 8 concerning					

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STATEMENT OF DEFICIENCIES			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED C	
		495358	B. WING		04/05/2019
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F 686	ulcer initially and readocumenting findings On 04/04/19 at approx (administrative staff in administrator, ASM # ASM # 3, vice preside made aware of the fill No further information. References: (1) The term "malign of cancerous cells that to other sites in the being in the properties of the treatment of the tre	sment, "Asses the pressure assess it at least weekly, is." eximately 6:45 p.m. ASM member) # 1, the 2, director of nursing and ent of clinical services, were notings. In was provided prior to exit. ancy" refers to the presence at have the ability to spread body (metastasize) or to be an additionally due to changes are to have fast, uncontrolled and die normally due to changes are the may return after all them have been removed or formation was obtained from a pov/ency/article/002253.htm. In a growth of abnormal cells in the presence are primary start in the brain. Others are a start somewhere else in the presence are primary.	F 6	86	
	clusters of nerve cel	ls, or neurons, in the brain			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 689 SS=G	strange sensations a strangely. They may or lose consciousnes obtained from the we https://medlineplus.g (4) Disease that make can lead to shortnes was obtained from the https://www.nlm.nih. Free of Accident Haz CFR(s): 483.25(d)(1) §483.25(d) Accident The facility must ens §483.25(d)(1) The reas free of accident https://www.nlm.nih.spree.get/spreamont	signals. People may have and emotions or behave have violent muscle spasms as. This information was ebsite: gov/epilepsy.html. des it difficult to breath that is of breath. This information he website: gov/medlineplus/copd.html. derards/Supervision/Devices (2) s. sure that - esident environment remains azards as is possible; and desident receives adequate distance devices to prevent T is not met as evidenced eview, facility document are review, and in the course of ed incident) investigation, it is the facility staff failed to ent free of accidents and 47 residents in the survey	F 68	F 689 It is the practice of this faci provide an environment that	is free which vovides ices to bidable in was f, her X ray sent to beceived She post n was status.
	transfer method and stretcher) for Reside staff failed to use a #2, into a shower ch	failed to use the proper I bathing device (shower ent #2. On 6/14/18, the facility Hoyer lift to transfer Resident lair and failed to ensure the emities were properly		Resident # 17 was evaluated ER and returned to the far Resident # 17 has had no incidents related to use mechanical lift	acility. further

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI		(X3) DATE SURVEY : COMPLETED			
IND PLAN OF	CORRECTION	IDENTIFICATION NO.	A. BUILDIN		And the same			
		495358	B. WING _		() () () () () () () () () ()	04/0	05/2019	
	SUMMARY ST	ORRECTED COPY	ID	STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA, VA 23002 ID PROVIDER'S PLAN OF CORRECTI				
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F 689	supported in the show the shower room, resigned distal femoral might the fracture local joint], and harm to the 2. While using a Howard Resident # 17, the farecommended processor from the lift and sust (hematoma), and was the findings include 1. The facility staff for transfer method and stretcher) for Resides staff failed to use a #2, into a shower chare residents lower extresupported in the shower room, registed the shower room,	wer chair during transport to sulting in a fracture of the netaphysis (1) [femur bone ated just above the knee e resident. Yer lift (1) to transfer acility staff failed to follow the edures, Resident # 17 fell aining a head injury as sent to a local hospital. Ealled to use the proper bathing device (shower ent #2. On 6/14/18, the facility Hoyer lift to transfer Resident air and failed to ensure the emities were properly ower chair during transport to sulting in a fracture of the netaphysis (1) [femur bone ated just above the knee	F6	689	The DON and/or Unit mana compiled a list of current residuhich currently utilize mechan lifts for transfers and placed it in transfer book respective to unit, where G.N.A.'s and lice nurses have access to review. New hires receive educate regarding use of a mechanical during orientation to include person operation of any lift. Nursing staff will follow police utilize 2 persons when operation mechanical lift. Staff will follow protocol transport residents to the shoroom via their usual mode transportation and transfer resident in the shower room shower chair if able to use a shochair. Shower chairs are not for transport of residents. Thave been no further incide related to shower chairs.	dents nical		

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1	PLE CONSTRUCTION	(X3) DATE SU COMPLE			
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F 689	resident was coded a impaired in ability to a The resident was code transfers, dressing, e bathing. A review of the nurse following: A note dated 6/14/18 for shower this AM at in pain. Upon assess resident noted with sknee upon palpation nurse notified writer of writer in to eval (eval swollen, not warm/ho Upon ROM clicking repain reported per resident doctor) (ASM #4 Member) made awar and ordered xray of the lbuprofen (3) 600 mg eight hours) x (for) 3 Attempted x1 (once) party) with update in orders this shift with left, awaiting call backnew orders. (Mobile mobile image and avairay company) tech is knee Immediately at the same content of the shift with left in the latest of the same content of	nce Date) of 12/18/18. The is severely cognitively make daily life decisions. Ited as requiring total care for ating, toileting, hygiene, and its notes revealed the at 12:15 PM: "Resident up and was complaining she was sment of charge nurse welling and pain to the right and movement. Charge of assessment data and uate) right knee. Right knee of to touch. No injury noted. Noted to posterior knee with ident. Dr. (doctor) (name of Administrative Staff e of above assessment data he right knee this shift and (milligrams) Q8H (every days for right knee pain, to contact RP (responsible resident status and new no success noted. Message k. Charge nurse aware of xray company) phoned for vaiting their arrival currently."	F 6	On or before, 5/4/19 the Managers or designee wi an educational review nursing staff and curre staff regarding: • Updated list of who use a mechate with the shower chair us using the shower transport resident to shower bed use transport resident or more persons. A post test will be validate staff understand material presented. Newly hired nursing agency staff will reducation during orientate PRN staff or those or FMLA, LOA or vac receive this education beginning their next scheme.	Il complete for facility ent agency f residents nical lift se and not er chair to ts, use with 2 utilized to ding of the staff and exceive this tion. Any urrently on cation will a prior to			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
	CORRECTION	IDENTIFICATION NUMBER	A. BUILDING			COMPLETED	
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		495358	B. WING			04/	05/2019
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	010000000000000000000000000000000000000	FATENACHT OF DEFICIENCIES	ID				(X5)
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F 689	Continued From pag	F	689	IV			
	· -	nur. (ASM #4) phoned by		1		TT. 14	
		are of preliminary reports of			Beginning 5/6/19 the DON,		
	fracture to distal fem	ur of right leg. New order	İ		Managers or designee will audi		
		send resident to (name of			use of shower chairs to validate	that	
		aluation) r/t (related to)			the shower chairs are not being	used	
	fracture of right femu	ır. ADON (Assistant Director	1		to transport residents. This audit		
	of Nursing), Adminis	trator, and Admissions			encompass 10% of the sho		
		vare of possible impacted			provided during the week and		
	distal right femur frac	cture. Attempted x1 to		- 1	take place, 5 days per week, f		
	contact RP with information regarding status of						
		r of resident to (name of	II I		week, then 2 days per week f		
	hospital) with no suc	cess noted. Unsure of bed			week then weekly X 8. The		
	hold status as unable	e to currently reach RP			will encompass all 3 shifts.		
	(responsible party).	Message left and awaiting			discrepancy noted during the	audit	
	call back. Writer cor	ntacted 2nd contact (name of			will be addressed at that time.		
	contact) and made n	er aware of status of resident					
	and xrays results as	well as impending transfer to			Beginning 5/6/19 the DON,	Unit	
	(name of nospital) ic	or eval. Writer and ADON in sident prior to transfer to			Managers or designee will audi		
	(name of bookits)	nd resident is noted with faint			use of mechanical lifts to ensure		
	(name or nospital) at	to right LE (lower extremity).	1				
		r assessment of resident			the lift is being operated with 2		
		ned (sic) with (name of			persons per facility protocol.		
		nother and updated her on			audit will encompass 10%	of	ľ
		mpending transfer to (name	1		randomly chosen residents	asing	
	of hospital). (Name	of transport company)			mechanical lifts, 5 days per		1
	unavailable to transc	port resident to (name of			for 1 week, then 2 days per wee		
	hospital) so charge	nurse was instructed to			1 week then weekly X 8.		
		ency services) for transport.			discrepancy noted during the		i
	(Name of county em	ergency ambulance) into				auuli	Ĭ
	facility at around 144	45 (2:45 PM) and receive	1		will be addressed at that time.		
	report on resident co	ondition from charge nurse	i			11.	
	and further informati	on as provided to them by			Results of the above listed a		(E) (O)
	writer. Resident bed	d hold policy sent with			will be submitted by the I	ON,	T)
	resident to ER in tra	nsfer packet. Resident			monthly, to the QAPI committee		£
	transported out of fa	cility via stretcher	000		its review and recommendation		
	accompanied by 2 E	MTs (emergency medical			101011		
	technicians) to (nam	ne of hospital) at 1500 (3:00					

PM) for further eval of femur fracture."

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 689	admitted to (name of per (hospital) nurse; notified and verbalize that she had just spot hospital." A note dated 6/15/18 resident RP (name of concerns about her her that we were dowith the staff and work how her mother was were doing some promother could tolerate	e 114 B at 7:26 PM: "Resident f hospital) for fractured femur RP (name of RP) was ed understanding and stated oken to the physician from B at 11:24 AM: "Spoke with of RP) this a.m. about her mothers condition. I assured ing a thorough investigation ould keep her updated. I ask is doing and she said they e-op testing to see if her e the procedure a (sic) she ted during her hospital stay."	F 64	39	
	following: A History and Physi documented, "He room) her x-ray sho distal femoral metal distal to medial prosecute including CT cervice and pelvis, x-ray of acute injuriesThe pains besides right Right femur fracture n.p.o. (nothing by mintervention"	cal dated 6/14/18, we in the ER (emergency ws oblique fracture of the chysis extending from lateral dimal with angular deformity. corosis. Other imagings (Sic.) al spine, Ct head, x-ray of hip right knee all negative for any patient denies any other legAssessment/Plan: 1. We will keep the patient mouth) for possible surgical arge Note, dated 6/27/18, scharge diagnoses: S/P			

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY — COMPLETED
		495358	B. WING		04/05/2019
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F 689	Continued From pag (status post) right dis for acute fracture due	tal femur ORIF (2) (6/16/18)	F 68	9	
	Summary for service documented, "Disk Recommendations OutcomesTransfe A review of the Occu and Treatment Plan" documented, "Price TotalFunctional Stof Daily Living / Self On 4/5/19 at 12:27 F #4 (Other Staff Mem Rehabilitation), OSM up a month prior to teransfer status becautiff. We saw her for successful so she reher after the incident returned to skilled set therapy documents, indicated that the reset #4 stated that it was resident was "Total at the set of	Functional rs - Total" pational Therapy Evaluation dated 4/10/18 to 5/7/18, or Level(s)Bathing = kills Assessment - Activities CareBathing = Total"			
	rommunicated to the "We educate nursing from therapy. They their charts as well."	e floor staff, OSM #4 stated, g and CNA's upon discharge have this documentation in Regarding the resident's of a shower chair vs a shower #4 stated that the resident		11 80	

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CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING С 8. WING 04/05/2019 495358 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET CORRECTED COPY AMELIA NURSING CENTER AMELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 689 F 689 Continued From page 116 was dependent for bathing and it was documented in therapy notes as such, and that when it is documented that a resident is "total" for bathing, this "equates to the use of a shower stretcher. Total assist would mean resident was a Hoyer lift and total care for a shower stretcher." A review of the care plan for Resident #2 revealed the following: A care plan dated 3/4 /18, for "ADL (Activities of Daily Living) Functional / Rehabilitation Potential: (Resident #2) requires extensive to total assist of one or two with ADLS..." This care plan documented the intervention, "Hoyer lift used for transfers with 2 person assist as needed." This intervention was dated 3/14/18 and was a current care plan intervention in place at the time of the incident. A care plan for "Falls: (Resident #2) is at risk for falls r/t (related to) dx (diagnoses) of seizure d/o (disorder), CVA (stroke) and MS (multiple sclerosis). Needs extensive to total assist with all ADLS...." This care plan was dated 3/14/18, and was revised on 4/10/18. This care plan included the intervention, "Use 2 staff as needed with transfers as well as hoyer lift." This intervention was dated 3/14/18 and was a current care plan in place at the time of the incident. A care plan for "Pain: (Resident #2) has dx: MS, chronic pain; left hip pain; osteopenia to right knee: potential for pain..." This care plan was dated 3/14/18, and was revised on 4/10/18. This care plan included an intervention for "Monitor and record swelling and discoloration to right leg."

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CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 495358 04/05/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET CORRECTED COPY AMELIA NURSING CENTER AMELIA, VA 23002 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 689 F 689 Continued From page 117 This intervention was dated 3/14/18 and was a current care plan in place at the time of the incident. Further review of the care plan that was in place at the time of the incident failed to reveal any interventions regarding what method of showering was to be used with Resident #2 (shower chair vs. the shower bed/stretcher). A review of the facility FRI (Facility Reported Incident) form dated 6/14/18 revealed the following: The initial FRI dated 6/14/18 documented, "Describe incident, including location, and action taken: Resident (name of Resident #2) complained of right leg pain while finishing up with shower. C.N.A. (Certified Nursing Assistant) noted the pain and some swelling; she notified charge nurse. Charge nurse noted swelling and severe pain to right knee area; she notified unit manager of right knee and pain during ROM (range of motion) to right knee. (ASM #4) notified of assessment findings. New orders were written, and noted for an x-ray of right knee on June 14, 2018. Preliminary x-ray results showed distal femur fracture at approximately 1430 hours. The final report, dated 6/21/18 documented, "FINAL: Staff were interviewed and statements were reviewed. Resident was interviewed, but couldn't properly verbalize the incident due to medical condition. The investigation showed that while the resident was being pushed to the shower room the resident put their right leg down.

We believe this is most likely when the injury

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT. A. BUILDIN	(X3) DATE SURVEY COMPLETED C	
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				8830 VIRGINIA STREET	
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F 689	occurred. The x-ray distal femur above rig diagnosed with osteo investigation showed neglect. A 100% in s resident transfers to for the port dated 8/15/18 consistently reported was transferred from chair/shower room, (#1) did not use a hoy transfer. (CNA #9 ar were both aware that hoyer lift when transfer are resident; however transfer with a two-point linterviews: On 4/4/19 at 7:59 AM #1, she stated, "I wan asked me to help trathe bed to the shower on the side of the bearm, lifted her up, and chair. When we got When she (CNA #9) out the room, she was told her (CNA #9) turned and pushed her backwood backword, her legs near supported because and pushed her backwood and	showed acute fracture to ght knee. Resident penia from 10/2015. The no signs of a fall, abuse, or service is being conducted on the shower room." dult Protective Services) documented, " staff that when (Resident #2) her bed to the shower names of CNA #9 and CNA for lift to complete the nd CNA #1) noted that they at (Resident #2) required a ferring because she is a total fer, they completed the erson assist" M in an interview with CNA is on the floor and (CNA #9) insfer her (Resident #2) from ar chair. We sat the resident d, and we each got under an and put her in the (shower) ther in the shower chair, I left. brought her (Resident #2) as rolling her forward, and I have need to turn her around ards. When you roll her end to be lifted up and she can't do it herself.' So I her (Resident #2) around kwards, then I left. Then	F	589	
	when she (Resident	#2) was in the shower, she out her leg. I don't know if it			

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F 689	forward." When askel lifting was required for #1stated, "She is a high the resident was usu." Two person lift is which she does not weight what the purpose of a High care and can't do an When asked why state Hoyer lift, if Residen transferred with a High Because they used shower bed. That is questioned but did not that." When asked high transfer status of a rin their chart." When in the charts to find a #1 stated, "Sometim nurse just tells us." me and (CNA #9) we county) and talked to happened. Then the He just wanted to know the formal wanted to know the formal wanted to know the formal wanted to show the her (Resident #2) in it (failure to use the because that is the land! just helped he caught that."	hair when being pushed ed about what method of	F	689				

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				8830 VIRGINIA STREET		
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F 689	Continued From page is located in the close member also. I look transfer method for the for showers, if a reside shower stretcher, she plan card in the close. We also have care play station also that we consider the follower extremity pain. The situation and not doctor to get orders in medication. After the room and put her on the situation. She (Formovement and clicking transport of the results that impacted fracture. Anotified the Administ Director of Nursing)	et 120 et, I can ask another staff first to find out the correct he resident." When asked if lent a shower needs chair or e stated, "I go by the care et and ask other staff also. an books at the nurse's han look at." I in an interview with RN #5 ho was the unit manager at nt, she stated, "The charge had told me the resident was ained to the CNA of right The charge nurse assessed fied me and I called the	F 6			
	called a transportation take her so we called pulses in that foot ar	cy room). After the order, we can company who could not did 911. We assessed her and they were very faint but and the ADON was with me.			,	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 04/05/2019 495358 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 689 F 689 Continued From page 121 Once we got hospital paperwork taken care of and transport taken care of, we attempted to call the RP back who did not answer again, so I called the second RP and notified her of the transfer. At that point, her mom had phoned and I updated her on the situation. After that, EMS (emergency medical services) got here, report was given to them, hospital paperwork was given to them and they took her to the hospital. Later that evening she (Resident #2) was admitted to the hospital for a femur fracture. She required surgery for repair of it." When asked about how the injury occurred, RN #5 stated, "At the time that we noted she had pain we did not know how the injury occurred. We investigated after. From the conclusion I got from the staff is she was put in a shower chair and her leg possibly was pushed backwards when pushing the shower chair down the hall. The aids were supposed to use a Hoyer lift and should have used a shower bed instead of the shower chair and they were educated on that. She was a Hoyer lift at the time and was total care and nursing judgement would be to use a shower bed." When asked how the staff know what transfer status a resident is, RN #5 stated, "The nurses provide information on level of assistance needed and how a resident should be transferred. Care plans are kept on the unit and the aids can look at that as well." When asked if the electronic clinical record system provides aids with transfer status information, RN #5 stated, "I don't know. I can't see it from a CNA perspective." When asked if it identifies how to take care of a person, RN #5 stated, "I'm not sure

what it looks like to them and if they can see that information. The staff here, are told they may access the care plans (which were on paper in notebooks on the unit). If they are uncertain they should go back to the charge nurse and ask."

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OMB NO. 0938-0391-

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MUL		(X3) DATE SURVEY COMPLETED			
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F 689	When asked how a redetermined in the first nursing judgement to recommendation by not a doctor's order it. Hoyer was a nursing shower bed versus a judgement. At the timplace that dictated we given resident." On 4/5/19 at 1:14 PN a unit manager, whe determines a resider chair vs shower bed nursing judgement a directive. If a resider chair may limit access recommend the staff resident is a Hoyer try staff on a regular and they assist me if they note a decline, communicated, and would be nursing judgement to the care plans to the care plans to the staff resident to the care plans to	esident's transfer status is stiplace, RN #5 stated, "It is a ouse a Hoyer or a the therapy department. It is in this facility. The use of a judgement and the use of a judgement and the use of a shower chair was a nursing me there was nothing in hich had to be done for a M, in an interview with RN #3, in asked how the facility in the shower method (shower out), RN #3 stated, "I have used so unit manager or therapy int is Hoyer lifted, a shower is so cleaning. I tend to fouse a stretcher if the ransfer. I have meetings with the basis, we discuss concerns, in some of the processes. If they make sure this is if therapy is not involved it digement. CNA's have access review for the CNA level."	F	689			
	a unit manager, who resident's transfer stansfer	M, in an interview with RN #1, en asked who decides a tatus, RN #1 stated, When in doubt, I would get a get anyone up without at status." When asked once ecided, how is information e floor staff, RN #1 stated, addles to discuss all our needs and if any of their					(minute)

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OMB NO. 0938-0391-

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F 689	shower method (show determined, RN #1st recommendations or Anything that deals where an RN / Unit Managemerally, if they are to use the long show you transfer them from safer than transferrin #2) has an AKA (about stability is not what it #2) AKA was in the find the care plan was impregarding, the resides stated, "No it was not communication book properly labeled and On 4/4/19 at 11:04 A Staff Member) (the AD Director of Nursing - (Regional Vice President #2. At this for the facility to provide the plant of the provided that the states of the same and the shows the same and the shows the same and the shows the same and the shows the same and the shows the same and the shows the same and the same an	wer chair vs shower bed) is ated, "Based on therapy an RN assessment. With safety would preferably ager that assesses that. using a Hoyer, you will want er stretcher because when im a bed to a shower bed it is go to a chair. She (Resident is should be. Her (Resident is should be. Her (Resident is all of 2018." When asked if plemented and followed int's transfer status, RN #1 it. At the time, all the is about the residents were available to the staff." MM, ASM #1 (Administrative is about the residents were available to the staff." MM, ASM #1 (Administrative is about the residents were available to the staff." MM, ASM #1 (Administrative is about the residents were available to the staff." MM, ASM #1, ASM #2 (the DON), and ASM #3 if the concern for harm for time, a request was made wide any further information the concern. MM, ASM #1, ASM #2, and ded no further information ed.	F 68	39	
	References;				9
	Distal Femoral M	letaphysis - The distal femur		14	

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STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE	SURVEY PLETED
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F 689	Information obtained https://orthoinfo.aaos/distal-femur-thighbo (2) ORIF - Open Reca a type of surgery use Information obtained https://hcahealthcareuction-and-Internal-F (3) Ibuprofen - used swelling and stiffness Information obtained https://medlineplus.gtml 2. While using a Hore Resident # 17, the farecommended procefrom the lift and sust sent to a local hospit Resident # 17 was a 03/19/2012 with diagnot limited to demenand cerebral infarction Resident # 17's mos set), a quarterly asse (assessment references Resident # 17 as so assessment for menof 0 - 15, 15 - being cognition for making 17 was coded as recof one staff member and independent with two staff members for member	just above the knee joint. from s.org/en/diseases—conditions ne-fractures-of-the-knee/ duction and Internal Fixation - ed to fix broken bones. from s.com/hl/?/539804/Open-Red fixation-Surgery to relieve pain, tenderness, s" from sov/druginfo/meds/a682159.h eyer lift (1) to transfer ecility staff failed to follow the edures, Resident # 17 fell aining a head injury, and was tal. dmitted to the facility on gnoses that included but were tia (2), diabetes mellitus (3),	F 6	389		

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OMB NO. 0938-0391 CENTERS-FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING B. WING 04/05/2019 495358 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET CORRECTED COPY AMELIA NURSING CENTER AMELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLÉTION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 689 F 689 Continued From page 125 Resident # 17 coded as "2 (two) - impairment on both sides under "Lower Extremities (hip, knee, ankle, foot)." The comprehensive care plan for Resident # 17 dated 09/11/2018 documented, "Category: ADL (activities of daily living) Functional / Rehabilitation Potential. (Resident # 17) is [sic] 63 female. She requires extensive assist (assistance) of one with ADLs; Subacute CVA (cerebral vascular accident) with left sided hemiplegia, H/O (history of) CVA with hemiplegia to right side but not as weak as the left-she is able to use her right arm/hand effective; Hoyer lift for transfers with 2 (two) person assist. Family has asked for comfort care. OOB (out of bed) daily in G/C (Geri chair) as tolerated; alert and oriented x2 (times two) with confusion; hearing adequate. RNP (restorative nursing program) for ROM (range of motion) and putting her brace on her left arm/elbow-use palm roll in left hand to prevent further contracture. Start Date: 09/11/2018." The facility's progress notes for Resident # 17 dated 09/14/2018 documented, "At 1800 (6:00 p.m.), I was sitting at the nurse's station when screaming was heard. I immediately responded to determine the source. Upon going down the hall, the screaming was noted to be coming from resident's room. Upon entering room, resident was noted to be lying on the floor. Assessment reveals no immediate injuries to resident. A further detailed assessment found a small hematoma (5) to the right occipital (6) region of the resident's head. Resident c/o (complaint of) hurting all over but especially her head. No loss of consciousness was noted. V/S (vital signs) were noted to be: 98.1 (temperature), 74 (pulse),

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F 689	18 (respiration), 97/6 sixty-eight blood pressaturation). Administ Assistant DON (direct Physician) and reside (Name of Responsibl Received order from resident to ER (emer Further review of the was written by, LPN (12). The facility's incident dated 9/14/18 docum Resident was being the and fell out of lift. Son (right) occipital area, documented, "(CNA 8." The facility's "Fall Invitor Resident # 17 documented from Fall" it or requiring neuro (neur requiring diagnostic (18) "Bruise/hematoma." The facility's FRI (Fadated 09/14/2018 for "Allegation of neglectincluding location and for CNA) attempted to	B (ninety-seven over sure), 96% (oxygen rator, Unit manager, tor of nursing) (Name of ent's RP (responsible party) - ee Party) were all notified. (Name of Physician) to send gency room) for evaluation." progress note revealed it (licensed practical nurse) # report for Resident # 17 rented, "Brief Description: ransferred via (by) Hoyer lift hall hematoma noted to R ' Under witness it (certified nursing assistant) # restigation" dated 09/14/2018 cumented, tional Conditions: assistive device." Under documented, "Head injury rological) check, Injury evaluation" and cility Reported Incident) Resident # 17 documented, t." Under "Describe incident, d action taken: CNA (Name of transfer resident (Resident	F	689			
	room (Room Numbe resident thrashed he and resident landed	oyer lift without assistance in r) on North unit. CNA stated rself out of the Hoyer Lift pad on her head. Resident will MD (medical doctor) and RP					Manager of the control of the contro

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F 689	(responsible party) no action initiated or take suspended 5 (five) we investigation." The "(Name of Hospi department) Report" Resident # 17 docum [computerized tomog WO (without) IV (intra INDICATION: Fall wit IMPRESSION: No actinterval change." The "(Name of Hospi dated 09/14/2018 at documented, "Your Elnstructions/Diagnoss Injury." The facility's "Clinical Nurses Aides" for "Cl Safety: 3. b. Mechan review of item number Lift)" revealed the init to mechanical lift. The facility's in-service documented, "1. Top Transferring resident Objectives: CNAs with facility transfer policy Personnel-Attending (Name of CNA # 8). in-service training mata resident is a hoyer people, or is a two perpeople, or is a two perpeople.	ortified." Under "Employee en: "CNA (Name of CNA) ork days during tal) ED (emergency dated 09/14/2018 for mented, "Exams: CT raphy (CT) scan [7]] HEAD exenous) CON (contrast). The head trauma. Sute process or significant enter a contract of tal) Discharge Summary" 19:14 p.m., for Resident # 17 Discharge es: Contusions. Head If Orientation Checklist for NA # 8 documented, "X. ical Lift (Hoyer Lift)." Further er 3b, "Mechanical Lift (Hoyer tials of a staff member next es sheet dated 06/21/2018 ic To Be Discussed: s facility policies." Under "2. Il know and understand the enter and procedure." Under "4. Inservice" documented Further review of the enterial documented in part, "If lift, which requires two erson assist without the ransfer the resident as such,	F	689			

CENTER	S FOR MEDICARE & I	MEDICAID SERVICES			37 39 39	OMB NO	D:-0938-0391	
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F 689	dated 09/21/2018 for "Final: Interviews constatements reviewed. but couldn't properly medical condition. E (Name of CNA) failed plan for a two-person CNA) attempted to the with a Hoyer Lift; the out of the Hoyer Lift; which caused a minot transported to ER; C tomography) scan necently considerable to the course of the Hoyer Lift. In-service transfer with Hoyer L "Employee action initiof CNA) terminated of 21, 2018)." During the days of the interview LPN # 12 which course the course of t	he internal investigation Resident # 17 documented, mpleted and witness Resident was interviewed, verbalize the incident due to vidence exists that CNA It to follow the resident's care If Hoyer Lift. CNA (Name of ansfer resident by herself resident thrashed and fell sling to the floor on her head or hematoma. Resident was T (computerized gative. CNA (Name of es this [sic] facilities policy ransferring a resident with e on the proper method of iff will be conducted." Under tiated or taken: "CNA (Name on 21Sept2018 (September The survey an attempt to vas unsuccessful due to her ve. If p.m. ASM (administrative deministrator and ASM # 2, vere informed that there was	F	689				
	staff member) # 1, ac was unable to locate Resident # 17's fall a	dministrator stated that he an action plan related to and injury.						
	On 04/04/19 at 2:11 conducted with CNA	p.m., an interview was (certified nursing assistant) #	İ	#				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION NG	(X3) DAT.E SURVEY COMPLETED	
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F 689	1 stated, "I would ask care plan if the nurse asked to describe the Hoyer lift to transfer a "When using the Hoy two person procedure where she obtained t stated, "It was preser On 04/04/19 at 2:24 conducted with CNA would obtain informa resident, CNA # 6 staposted on the inside It's a care card." Wh procedure for using a resident, CNA # 1 stapersons." When ask obtained that informatraining." On 04/04/19 at 2:36 conducted with LPN 1. When asked whe information on how to 1 stated, "The CNA wo of the other CNAs." V procedure for using a resident, LPN # 1 stallift there is always a 1 are instructed on tha annual education/in-	e she would obtain to transfer a resident, CNA # to the nurse and/or check the was not available." When e procedure for using a a resident, CNA # 1 stated, ter lift it is always at least a e." When asked how or hat information, CNA # 1 nted in training." p.m., an interview was # 6 When asked where she tion on how to transfer a ated, "The information is of the resident's closet door. en asked to describe the a Hoyer lift to transfer a ated, "It is always two ed how or where she ation, CNA # 6 stated, "In p.m., an interview was (licensed practical nurse) # re a CNA would obtain to transfer a resident, LPN # would ask their nurse or one When asked to describe the a Hoyer lift to transfer a ated, "When using the Hoyer minimum of two staff. We t in our orientation and	F	589		
	manager. When ask	ted where a CNA would how to transfer a resident,		± 1		

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STATEMENT C	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 689	RN # 3 stated, "There unit, the book contain each resident to transplan or the direction of asked to describe the Hoyer lift to transfer a "Use of a Hoyer lift is part of the staff's orie On 04/05/19 at 12:15 conducted with ASM member) # 2, director the facility's "Clinical Nurses Aides" ASM # the purpose of the ini (Hoyer Lift)". ASM # indicate the CNA dent the hoyer lift." On 04/04/19 at appro (administrative staff in administrator, ASM # ASM # 3, vice preside made aware of the firm No further information. Reference: (1) Used for transfers 90-100% assistance pad fits under the per connects with chains hydraulic pump is use bed surface. This infine website: http://www.fr	e is a transfer book at each is all the information for sfer them safely or the care of the charge nurse." When a procedure for using a a resident, RN #3 stated, always two persons, it is intation." In p.m., an interview was (administrative staff or of nursing. After reviewing, Orientation Checklist for 2 was asked to describe tials after "Mechanical lift 2 stated, "The initials monstrated competency with eximately 6:45 p.m. ASM member) # 1, the 22, director of nursing and ent of clinical services, were indings. In was provided prior to exit. Is when a person requires to get into and out of bed. A reson's body in the bed and to the Hoyer lift frame. A end to lift the person off the formation was obtained from the ee-foundation.org/hoyer-lifts inction that occurs with certain	F	689			
	diseases. It affects m	nemory, thinking, language,					

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F 689	obtained from the well https://medlineplus.go (3) A chronic disease regulate the amount of information was obtain https://www.nlm.nih.go 001214.htm. (4) A stroke. When be brain stops. A stroke attack." If blood flow few seconds, the brain oxygen. Brain cells condamage. This information website: https://medlineplus.go (5) Hematoma is a methat forms in a tissue, result of a broken blowas obtained from the https://www.merriamatoma (6) The occipital bone bone found at the low cranium. The occipitation order to house the bar of seven bones that firskull and is directly not bones. This information website: https://www.healthlinecipital-bone#1.	or. This information was obsite: ov/ency/article/000739.htm. in which the body cannot of sugar in the blood. This ned from the website: ov/medlineplus/ency/article/ lood flow to a part of the is sometimes called a "brain is cut off for longer than a in cannot get nutrients and an die, causing lasting ation was obtained from the ov/ency/article/000726.htm. ass of usually clotted blood organ, or body space as a pod vessel. This information is website: webster.com/dictionary/hem as is the trapezoidal-shaped ver-back area of the lis cupped like a saucer in ck part of the brain. It is one use together to form the ext to five of the cranium ion was obtained from the excom/human-body-maps/oc	F	689				
	(7) A computerized to combines a series of	mography (CT) scan X-ray images taken from	<u> </u>					

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F 689	computer processing images (slices) of the soft tissues inside you provide more-detaile X-rays do. This inforthe website:https://www.res/ct-scan/about/pa	and your body and uses g to create cross-sectional e bones, blood vessels and our body. CT scan images ed information than plain rmation was obtained from mayoclinic.org/tests-procedu ac-20393675.	F 6	F 695 It is the practice of the provide respiratory		5-9-19
F 695	S 483.25(i) Respirator tracheostomy care a The facility must ensineeds respiratory care and tracheal sucare, consistent with practice, the comprecare plan, the reside and 483.65 of this suth REQUIREMENTO by: Based on observation policies review, and determined that the respiratory care and professional standar comprehensive persone of 47 residents in Resident # 83.	and tracheal suctioning. Sure that a resident who are, including tracheostomy actioning, is provided such a professional standards of schensive person-centered ants' goals and preferences, abpart. T is not met as evidenced on, staff interview, facility clinical record review, it was facility staff failed to provide services consistent with add of practice, and the con-centered care plan for in the survey sample,	F 6	services consistent professional standar practice, and comprehensive person care plan. I As stated in the state deficiency report, and survey, RN #3 adjustice oxygen flow rate at 2 minute following ME Resident #83 had no outcome. II On 4/3/19 an audit residents with oxygen completed, to verify oxygen was turned on	ement of during sted the liters per orders. negative	
	The facility staff faile 83's oxygen according The findings include	ed to administer Resident # ng to the physician's orders.	JK	the O2 gage(s) were properly. Any dis noted with the au	working screpancy idit was	
	-	dmitted to the facility on		corrected at that time was no negative outcorresult of the audit.		

OLIVILLI	OT OIL WILDION THE G	VIEDIONIE CENTROLE				5	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1		CONSTRUCTION	(X3) DATE COMP	SURVEY
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F 695	03/13/2019 with diagranot limited to: pneumout limited to: pneumout pulmonary disease (2 failure (3) with hypoximal set), a quarterly asset (assessment reference coded Resident # 83 interview for mental set of 15, 15 being no cognitive decisions. Resident # 83 requiring extensive a member for activities supervision of one structure of the company of	noses that included but were onia (1), chronic obstructive (2), and acute respiratory ia (4). recent MDS (minimum data ssment with an ARD ce date) of 03/27/2019, as scoring a 15 on the brief status (BIMS) of a score of 0 initive impairment for making dent # 83 was coded as ssistance of one staff of daily living and aff member for eating. Secial Treatment, Procedures dent # 83 was coded for "C. 6 p.m., an observation of ed she was sitting up in her ing table waiting for her appeared to be drowsy and off. Further observation 83 was wearing a nasal of a portable oxygen tank, kygen flow meter on the did the oxygen flow- rate knob sition. At 12: 33 p.m., nutes later, RN # 3 was sident # 83's oxygen flow rate	F6	695	Unit Managers or designee complete an in-ser education for licensed nur regarding: Oxygen service including the verificathat the oxygen is be delivered per MD or and maintenance of gages to ensure the are working properly. Newly hired nursing staff agency staff will receive education during orientation. PRN staff or those currently FMLA, LOA or vacation receive this education prior beginning their next scheduled states.	will vice rses ces: ation eing rder O2 - they and this Any on will or to	
	Resident # 83 reveal receiving oxygen by of the oxygen flow m	a.m., an observation of ed she was lying in bed nasal cannula. Observation eter on the oxygen d the oxygen flow rate at two					*

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		ONSTRUCTION		MPLETED	
		495358	B. WING _				C /05/2019	
AMELIA N		CORRECTED COPY	ID	883	REET ADDRESS, CITY, STATE, ZIP CODE 0 VIRGINIA STREET IELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION		(X5)	
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F 695	The POS (physician 83 dated 03/13/201 at 2 L (two liters) via continuously, [chror disease]. Every shir shift] Order Date: 0 The comprehensive dated 03/22/2019 direction (cyanosis (5), tachy confusion, restless blood pressure, incincreased pulse). If documented, "Oxyg cannula) as ordere On 04/04/19 at 1:2 conducted with LPI 1. When asked ho oxygen a resident in check the physician resident pulse oxim the physician's ord 83's oxygen, LPN 4 asked if the physician's ord 83's oxygen, LPN 4 asked if the physician's ord A review of the fact administration" doc "1. Oxygen is admit upon written order	n's order sheet) for Resident # 9, documented, "O2 (oxygen) a (by) NC (nasal cannula) nic obstructive pulmonary fit; day shift, evening shift, night 3/13/2019." e care plan for Resident # 83 locumented under "goals", xhibit signs of hypoxia //pnea(6), dyspnea (7), ness, nasal flaring, elevated reased respirations, and Under "approach" it gen via (by) N/C (nasal d. Start Date: 03/22/2019." 3 p.m., an interview was N (licensed practical nurse) # w staff determine how much s receiving, LPN # 1 stated, "I n's order and I check the netry (8)." When asked what er documented for Resident # # 1 stated "Two liters." When ian's order for oxygen is being nt #83's oxygen flow- rate knob position. LPN # 1 stated, "No, ers were not followed." lility policy titled, "oxygen cumented in part, inistered to the resident only of a licensed physician."	Fe	595	Results of the audit will submitted, by the	will the per take ents veek per ekly ancy ll be ime. l be OON, QAPI		
		proximately 4:52 p.m., ASM	ĺ	1				

administrator, was made aware of the findings.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DATE COMP	
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		495358	B, WING			04/	05/2019
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F 695	Continued From page	e 135 n was provided prior to exit.	F	695			
		e or both of the lungs. Many eria, viruses, and fungi, can					
	cause pneumonia. Yo	ou can also get pneumonia chemical. This information e website:					
	can lead to shortness types are chronic bro The main cause of C to substances that irr This is usually cigare chemical fumes, or d information was obta	is it difficult to breath that is of breath). The two main inchitis and emphysema. OPD is long-term exposure itate and damage the lungs. It is smoke. Air pollution, just can also cause it. This ined from the website: gov/medlineplus/copd.html.		2			
	passes from your lun information was obta	ch not enough oxygen gs into your blood. This ined from the website: gov/medlineplus/respiratoryfa					
	the body. This inform website:	gen reaching the tissues of nation was obtained from the					
	https://www.merriam- oxia.	-webster.com/dictionary/hyp					
	the blood. The medic	due to a lack of oxygen in		1			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DESCRIPTION (X1) PROVIDER/SUPPLIER/CLIA DEPTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER.	A, BUILDING		c
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F 695	breathing.	and shallow; Fast shallow ov/ency/article/007198.htm -	F 69	95	
	uncomfortable for yo body needs. You ma enough air. Sometim breathing problems tintense exercise. But also be a sign of a seinformation was obta	t of breath, it's hard or u to take in the oxygen your y feel as if you're not getting es you can have mild because of a stuffy nose or t shortness of breath can erious disease. This ined from the website: ov/breathingproblems.html.			
	of at least 89% to ke an oxygen level lower not believed to cause cells can be strained levels happen many low on room air, you supplemental (extra) be used to help see and when you may robtained from the we	d an oxygen saturation level ep their cells healthy. Having er than this for a short time is e damage. However, your or damaged if low oxygen times. If your oxygen level is may be asked to use oxygen. The oximeter can how much oxygen you need need it. This information was ebsite: 2879/Downloads/pulse-oxime		F 758	
F 758 SS=D	S483.45(e) Psychotr S483.45(e) Psychotr S483.45(c)(3) A psychotr affects brain activities processes and beha		F 7.	It is the practice of this f that residents do not re psychotropic drugs pursua a prn order unless medication is necessary to a diagnosed specific con	eceive of the to that treat

CENTERS FOR MEDICARE & MEDICARD SERVICES						CLIDVEY				
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING			(X3) DATE SURVEY COMPLETED				
AND PLAN OF	CORRECTION	is civil or will are the most in	A BUILDI	NG						
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OV O. ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)			
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F 758	Continued From page	2 137	F	758	ī					
F / 30		e 137		700	The MD for Resident # 45 v	was				
	categories:				contacted, and additional G					
	(i) Anti-psychotic; (ii) Anti-depressant;				for Seraquel medication v	Mac				
	(iii) Anti-aepressant, (iii) Anti-anxiety; and									
	(iv) Hypnotic				, ,	- 1				
	(,, р			- 9	1720/13	now				
	Based on a comprehensive assessment of a				discontinued.					
	§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a									
					II	ماء:،				
					Licensed nurses will prov	/lue				
					interventions per the care p	nan				
					for resident behaviors.					
		specific condition as diagnosed and documented n the clinical record;			,, ,					
	in the chilical record,				The Unit managers/desig	nee				
	§483.45(e)(2) Residents who use psychotropic				compiled a list of residents v	vith				
	drugs receive gradua	al dose reductions, and			new orders for psychotro	opic				
	behavioral interventi	ons, unless clinically			medications, retro to Januar	y 1,				
	contraindicated, in a	n effort to discontinue these			2019, to determine if any of					
	drugs;				resident had recent addition	า of				
					psychotropic medications.					
	§483.45(e)(3) Reside	ents do not receive			Any new or increa					
	psychotropic drugs p	oursuant to a PRN order			psychotropic medication no	ted				
		on is necessary to treat a			during the audit will be brou	ight				
	in the clinical record;	ondition that is documented			to the attention of the physic	cian				
	in the clinical record,	anu			for review.					
	8483 45(e)(4) PRN (orders for psychotropic drugs			181 1811811					
	are limited to 14 day	s. Except as provided in								
	§483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their									
	rationale in the resid	ent's medical record and								
di.	indicate the duration	for the PRN order.								
	8483 45(e)(5) PRN (orders for anti-psychotic								
	drugs are limited to	14 days and cannot be			<u>u</u>					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CONNECTION	(Service Service A, BUILDING _		l c	
		495358	B. WING		04/05/2019
	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			TREET ADDRESS, CITY, STATE, ZIP CODE 830 VIRGINIA STREET (MELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D BE COMPLETION
F 758	renewed unless the a prescribing practition the appropriateness of This REQUIREMENT by: Based on staff intervand clinical record refacility staff failed to equipment of the facility staff restandication without president #45. The facility staff restandication without president #45. The findings included Resident #45 was ad 4/2/12 with diagnose limited to: anxiety disblood pressure. The most recent MD assessment, an annuassessment reference resident as scoring a interview for mental was severely impaired disorganized thinking directed towards oth look back period. Rerequiring extensive a staff members for meliving. In Section Newscoded as receivent and interview antipsychotic and antipsychotic and an antipsychotic and an antipsychotic and an antipsychotic and an antipsychotic and an antipsychotic and an antipsychotic and an antipsychotic and an antipsychotic and an antipsychotic and an antipsychotic and an antipsychotic and an antipsychotic and an antipsychotic and an antipsychot	attending physician or er evaluates the resident for of that medication. T is not met as evidenced riew, facility document review view, it was determined the ensure one resident sampled residents were free hotropic medications. Arted an antipsychotic roper indications for d: d: dmitted to the facility on s that included but were not sorder, dementia, and high S (minimum data set) ual assessment, with an be date of 2/15/19, coded the attention of the BIMS (brief status) score, indicating she and to make daily cognitive ent was coded as having g and physical behavior ers on one-three days of the sident #45 was coded as assistance of one or more ost of her activities of daily Medications, the resident ing seven days of an	F 758	On or before May 8, 2019 DON, Unit Managers designee will complete service education for lice nurses and agency n regarding: F 758 - Un-nece psychotropic medications and use. Use of pharmalogical	or in- ensed urses ssary PRN non- pefore plan plan plan ogical f and this Any tly on will or to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NO. IDENTIFICATION NO.	A. BUILDING	G	С
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F 758	9/13/18 documented Seroquel [an antipsy treat schizophrenia, I conjunction with othe (1). Lexapro (used to general anxiety disordaily." A physician telephondocumented, "Seroquel fa tablet) tab (tareceived by LPN (licentereived by LPN (licentereived by LPN) (licentereived by	in part, "DC (discontinue) chotic medication used to oppolar depression and in er medication for depression) of treat depression and rider (2)] 5 mg (milligrams) the order dated, 12/8/18, uel 25 mg, amt (amount) 0.5 oblet) daily." This order was ensed practical nurse) #10. the ses note dated, 12/5/18, "a/p (approach/plan) - 4. the ehaviors - severe - on y - on Lexapro." the ses note dated, 2/1/19, "a/p - 4. dementia w/ on Seroquel6. Anxiety - on the control of	F 7	Beginning 5/6/19 the DO Managers or design conduct an audit of prescribed psyc medications to ensure care plan for non pharm interventions is being and documented before	ee will f newly chotropic that the nalogical followed fore an chotropic ed. Any ring the d at that to the will be by the committee

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED C			
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F 758	Continued From page	e 140	F	758	3		
		No behavior issues noted at					
	this time: 9/6/18 at 1:28 p.m this time:	No behavior issues noted at					
	9/7/18 ar 12:52 p.m.	- No behavior issues noted					
	at this time: 9/9/18 at 5:51 a.ml	No behavior issues noted at					
	this time:						
		 No behavior issues noted 					
	at this time:	No behavior issues noted					
	at this time:						
		No behavior issues noted					
7	at this time:	- No behavior issues noted					
	at this time:						
		 No behavior issues noted 					
	at this time:	- No behavior issues noted					
	at this time:	- No beliavior issues ficted					
	9/14/18 at 7:34 a.m.	- No behavior issues noted					8
	at this time: 9/15/18 at 5:43 a.m.	- No behavior issues noted					
	at this time:						
	9/16/18 at 2:32 p.m. at this time:	- No behavior issues noted					
		- No behavior issues noted					
	at this time:						
	1.0	- No behavior issues noted					
		- No behavior issues noted					
	at this time: 9/20/19 at 2:15 p.m.	- No behavior issues noted					
	at this time:						
		n No behavior issues noted					
	at this time: 9/23/18 at 5:50 a.m.	- No behavior issues noted			5-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
	at this time:		4				
	9/24/18 at 6:17 a m	- No behavior issues noted	_l		1		144 -5 407

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X:	DATE SURVEY COMPLETED	
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F 758	at this time: 9/24/18 at 2:01 p.m. at this time: 9/24/18 at 2:49 p.m. of doctor) to DC Sero to 5 mg daily at this time: 9/27/18 at 2:26 p.m. at this time: 9/28/18 at 6:23 a.m. at this time: The October nurse's following: 10/1/18 at 3:04 p.m. aides during contine by writer and resider behavior issues note 10/2/18 at 8:44 a.m. at this time: 10/2/18 at 12:23 p.m at this time: 10/3/18 at 6:21 a.m. at this time: 10/4/18 at 9:37 a.m. through the night 10/4/18 at 12:26 p.m at this time: 10/5/18 at 4:28 a.m. at this time: 10/5/18 at 12:07 p.m at this time: 10/8/18 at 6:54 a.m. at this time: 10/8/18 at 6:54 a.m. at this time:	- No behavior issues noted - New order noted by (name oquel and decrease Lexapro ime. - No behavior issues noted - No behavior issues noted notes documented the - resident combative towards note care, one on one given at accepted. No further dat this time. - No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted	F	758			
	at this time:	n No behavior issues noted	4			(4) (4)	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DAT COM	COMPLETED	
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F 758	10/13/18 at 6:03 a.m at this time: 10/16/18 at 7:01 a.m at this time: 10/16/18 at 8:27 a.m confused, thinks she given without effect. 10/17/18 at 6:13 a.m at this time: 10/18/18 at 8:02 a.m through the night 10/21/18 at 10:57 a confusion still this s and having to be rewas noted somewh: 10/21/18 at 9:30 p.r increased confusion by) multiple attempt find 'the care outsid effective in altering 10/23/18 at 3:12 p.r 10/24/18 at 5:43 a.m at this time: 10/24/18 at 4:28 p.r throughout day shif 10/25/18 at 7:44 a.m at this time: 10/25/18 at 3:06 p.r throughout day shif 10/26/18 at 5:30 a.m at this time: 10/27/18 at 5:37 a.m at this time: 10/27/18 at 5:37 a.m at this time: 10/27/18 at 12:59 p.m noted at this time: 10/28/18 at 2:24 p.m at this time:	n No behavior issues noted n No behavior issues noted n Res (resident) noted e is at home, 1:1 (one to one) n No behavior issues noted n No behavior issues noted n No behavior issues noted n Resident noted with hift continually asking for help directed multiple times which at effective altering behavior. n Resident noted with n this shift aeb (as exhibited s to exits seeking trying to e,' 1:1 rendered somewhat behaviors. n No behavior issues noted n No behavior issues noted t. n No behavior issues noted n No behavior issues noted n No behavior issues noted n No behavior issues noted	F 75	8			

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NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER CORRECTED COPY				STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA, VA 23002			
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F 758	10/30/18 at 6:49 a.m at this time: 10/30/18 at 10:33 a. (and) combative dur given one to one enaccepted redirection issues noted at this 10/31/18 at 7:23 a.m through the night The November nurs following: 11/1/18 at 5:25 a.m. confusion, thinking awake most of the s11/1/18 at 2:39 p.m. at this time: 11/2/18 at 6:08 a.m. at this time: 11/4/18 at 6:10 a.m. through the night 11/6/18 at 4:25 p.m. throughout day shift 11/6/18 at 6:40 a.m. at this time: 11/10/18 at 5:50 a.m. at this time: 11/10/18 at 6:35 a.m. at this time: 11/15/18 at 6:01 a.m. at this time: 11/15/18 at 6:58 a.m. at this time: 11/19/18 at 6:58 a.m. at this time: 11/19/18 at 6:58 a.m. at this time: 11/19/18 at 10:42 a. during adl (activities given and resident as given as given and given and given and given and given and given and given and given and given and given and given and given and given and given and given and given and given and given and g	m No behavior issues noted m Resident resistive & ing am (morning) care, writer couragement and resident a easilyNo further behavior time. n No behavior issues noted es notes documented the - Res with increased she was at home, noted shift talking outloud (sic). - No behavior issues noted - No behavior issues noted - No behavior issues noted n No behavior issues noted n No behavior issues noted	F	758			

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OMB NO: 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3) DATE SURVEY COMPLETED C	
		495358	B. WING		·	1	05/2019
	ROVIDER OR SUPPLIER URSING CENTER C	ORRECTED COPY		8830	EET ADDRESS, CITY, STATE, ZIP CODE) VIRGINIA STREET ELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	100	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 758	at this time: 11/22/18 at 6:04 a.m. at this time: 11/24/18 at 6:07 a.m. at this time: 11/27/18 at 6:47 a.m. at this time: 11/28/18 at 7:37 a.m. at this time: 11/30/18 at 5:36 a.m at this time: 11/30/18 at 5:46 p.m requests staff to call come take her home The December 2018 the following: 12/2/18 at 6:10 a.m. at this time: 12/2/18 at 8:04 a.m. 12/5/18 at 8:42 a.m. through the night 12/6/18 at 7:28 a.m. at this time: 12/7/18 at 8:23 a.m. through the night 12/6/18 at 2:41 a.m. shift, noted with incread to call my hust 1 am, 1:1 given with 12/8/18 at 6:10 a.m. outloud (sic) to self. time, stating 'I have There were no furthenote related to beha	- No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted - Often times, resident daughters and husband to nurse's notes documented - No behavior issues noted - Res refused nail care. - No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted - No behavior issues noted - Res awake at beginning of eased confusion, stating 'I band and let him know where	F	758			

STATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
AND PLAN OF	CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING		С
		495358	B. WING		04/05/2019
	ROVIDER OR SUPPLIER	ORRECTED COPY	883	REET ADDRESS, CITY, STATE, ZIP CODE 10 VIRGINIA STREET IELIA, VA 23002	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETION
F 758	documented in part, psychotropic daily. S GDR (gradual dose in remain stable most it curse staff at times vicontinues to sleep in like to be bothered lii advancing dementia insomnia." Added or orders d/t (due to) in "Approaches" docum gradual dose reducti (Resident #45)'s bet determine the need Monitor (Resident #4 during care and atte talking to her, provid alone and coming be snack before bedtim during night. Provid promote sleep (e.g., bed clothing, inconti temperature, ventilat during the night, pro	care plan dated, 11/19/18, "Problem: Anxiety, received eroquel d/c during review for reduction); mood appears to imes. Can be combative and when performing care, chair while up and doesn't	F 758		
	staff member (ASM) on 4/5/19 at 11:52 a report of 9/13/18 wa new physician order with ASM #4. ASM # nurse's notes of 12/8 about the location of the reason why the 12/8/18, ASM #4 rev	nducted with administrative # 4, the attending physician, .m. The pharmacy consultant s reviewed with ASM #4. The dated 12/8/18 was reviewed #4 was asked to review the 8/18. When asked where f his documentation regarding Seroquel was restarted on viewed his progress notes see any documentation as to			

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OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/\$UPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING С B. WING 495358 04/05/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET CORRECTED COPY AMELIA NURSING CENTER AMELIA, VA 23002 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 758 Continued From page 146 why it was restarted. It had to be some reason, that's an omission on my part, it should be documented." An interview was conducted with RN (registered nurse) #3 on 4/5/18 at 12:16 p.m. When asked why Resident #45 was restarted on the Seroquel on 12/8/18, RN #3 stated, "I know there was a note on `12/8/18 that she had behaviors." When asked if the resident had two documented behaviors in one shift, is that a reason to restart the Seroquel, RN #3 did not respond. A second interview was conducted with ASM #4 on 4/5/18 at 12:36 p.m. When asked if one episode of behavior on one shift was an appropriate reason to restart the Seroquel, ASM #4 stated, "I would say no." When asked if the documentation revealed that she was a danger to herself or others, ASM #4 stated, "No. It's my bad because I didn't document why it was restarted and if the behaviors were that bad, I would have expected the nurse to write a more descriptive note." An interview was conducted with ASM #2, the director of nursing; on 4/5/18 at 12:44 p.m., ASM #2 was asked to review the nurse's notes of 12/8/18. Once reviewed, ASM #2 was asked if the behaviors documented on the one shift on 12/8/18 would be reason to restart Seroquel, : ASM #2 stated, "No, I don't think so." ASM #2 was asked if the LPN who wrote the order for Seroquel was available for interview, ASM #2 stated that the employee was no longer employed at the facility. The facility policy, "Psychotropic Drugs" documented in part, "Standard: The facility will

Facility ID: VA0002

Event ID: TLKX11

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de pri at recidi si P ci tro Mirrid de Ludino para co 66 co	roper use and moniting gents. Psychoactive deceipt of physician's lentified behavioral supecific diagnosis	a system for assuring toring of psychoactive agents can only be used on order to eliminate or reduce symptoms or to treat a Procedure: 1. Initiation of erapy: a. The resident's appropriate diagnosis for nosis should also be entered Order Sheet and on the ation Record. b. Non-Drug een attempted and excive2. Monitoring Routine Drugs:2. Define and chavioral problems within the reasonable and measurable at this in the resident's care occurrence will be reflected currence, or lack of oted for each day and shift. Inely comment on progress all progress notes." staff member) #1, the staff member) #1, the staff aware of the above 1:45 p.m. was obtained from the was obtained from the was obtained from the was obtained from the was obtained from the was obtained from the was obtained from the was obtained from the was obtained from the was obtained from the was obtained from the was obtained from the was obtained from the was obtained from the was obtained from the	F	758		

Facility ID: VA0002

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F 761 F 761 SS=E	Label/Store Drugs and CFR(s): 483.45(g)(h) §483.45(g) Labeling of Drugs and biologicals labeled in accordance professional principle appropriate accessor instructions, and the applicable. §483.45(h) Storage of \$483.45(h)(1) In accordance Federal laws, the fact biologicals in locked temperature controls personnel to have accept when spersonnel to have accept when speckage drug distributed quantity stored is mirrobe readily detected. This REQUIREMENT by: Based on observation document review, it of accept the facility staff failed to experience when speckage drug distributed accept when speckage d	of Drugs and Biologicals are used in the facility must be a with currently accepted as, and include the y and cautionary expiration date when of Drugs and Biologicals ordance with State and sility must store all drugs and compartments under proper and permit only authorized cess to the keys. Icility must provide separately affixed compartments for drugs listed in Schedule II of Drug Abuse Prevention and and other drugs subject to the facility uses single unit ution systems in which the simal and a missing dose can of is not met as evidenced on, staff interview and facility was determined that the ensure expired medications	F7	761 I t i a a a i i c		cific this the LPN and ving ired ved	59-19

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
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F 761	inhalers, three Advair were not available for medication carts. The findings include: On 04/05/19 at approposervation of the factor medication cart was a clicensed practical nubottom drawer of the following: Advair 100 open date document 12/16/18. One Advair an open date document inhaler and Flovent 10 open date document inhaler. On 04/05/19 at appropriate the following was conducted asked how long the following the Advair 500/8 had been, opened, L know. A review of the following the inhalers were opened. LPN # 8 failed to evidence the following the inhalers were opened. LPN # 8 stapharmacist. LPN # 8 pharmacist in the propuring the telephone opharmacist, they stapharmacist, they stapharmacist.	eximately 2:00 p.m., an cility's South Back Unit conducted with LPN urse) #8. Observation of the medication cart revealed the 1/50 mcg (microgram) with an ed on the inhaler of r 500/50 mcg, open without ented on the Advair box or 1/00 mcg open without an ed on the Flovent box or 1/00 mcg open without an ed on the Flovent box or 1/00 mcg open without an ed on the Flovent box or 1/00 mcg and Flovent 1/00 mcg and Flovent 1/00 mcg and Flovent 1/00 mcg and Flovent 1/00 mcg and Flovent with dence documentation of how re good for after being ated she would call the 3 immediately telephoned the esence of this surveyor.	F	761	accepted professional principle to ensure that multi-dose work of medication, to include the medication of medication, dated when opened. The Unit managers / design conducted an audit medication carts to valid that multi-dose vials, include respiratory medications, we	vials lude are of date ding vere Any the ssed fithe ated ened	
	were expired after 36 request was then matelephone conversation presence of this survival and the survival a	O days from the open date. A gade by LPN # 8 during the ion with the pharmacist in the veyor to send the information rs by facsimile to the facility.					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495358	B. WING			1	O 05/2019
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 761	LPN # 8 was asked a with the open date of "It's expired." When a 500/50 mcg and Flov open dates LPN # 8 s date she didn't know opened and removed cart. When asked to ensure expired medicuse, LPN # 8 stated, before administering On 04/05/19 at approobservation of the factor medication cart was a (licensed practical nubottom drawer of the following: Advair 250 documented on the irragreed that it was expired that it was expected the procedumedication are availanged that it was expected them." The facility's policy "5 Medications, Biologic documented, "4. Factor medication and biokexpiration date on the retained longer than a manufacturer or supprotot been contaminate separate from other ror returned to the phase "Discard ADVAIR DISC the foil pouch or whe	bout the Advair 11/50 mcg 12/16/18. LPN # 8 stated, asked about the Advair ent 100 mcg both without stated that without the open how long they had been I them from the medication describe the procedure to cation are not available for "They should be checked them." eximately 2:25 p.m., an cility's North Front Unit conducted with LPN erse) # 9. Observation of the emedication cart revealed the /50 mcg with an open date enhaler of 02/22/19. LPN # 9 pired. When asked to ere to ensure expired eible for use LPN # 8 stated, cked before administering 5.3 Storage and Expiration of cals, Syringes and Needles" cility should ensure that ogicals: 4.1 Have an e label; 4.2 Have not been recommended by olier guidelines; or, 4.3 Have end or deteriorated, are stored medications until destroyed	F	761	abone, start	duct ility rses e of and this Any on will to	*

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		495358	B. WING			04/0	05/2019
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				883	30 VIRGINIA STREET		
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F 761	following website:https://dailyi	ne 151 In was obtained from the med.nlm.nih.gov/dailymed/dru lb5f6a-593f-4a9e-9692-adefa	F 7	61	IV		
	should I know about medication? Store y inhaler with the mou it out of reach of chi and away from exce the bathroom) If powder for inhalatio must dispose of the opening the foil pou obtained from the fo https://medlineplus.gtml On 04/05/19 at appr (administrative staff president of clinical the findings.	halation (Flovent): What storage and disposal of this our fluticasone aerosol thpiece pointing down. Store idren, at room temperature as heat and moisture (not in you are using the fluticasone in 100 mcg or 250 mcg, you inhaler 2 months after ch." This information was allowing website: gov/druginfo/meds/a601056.h			Beginning 5/6/19 the DON, Managers or designee conduct audits of medic carts to verify that each dose vial or package is owhen opened and not pastrecommended use date. audit will take place weekl 8 weeks and encompass medication cart. discrepancy noted during audit will be corrected at time. Results of the audit be submitted, monthly, by DON, to the QAPI commfor it review recommendations.	will ation multi dated t the This ly for each that t will y the	
	(Advair Diskus, Adv	of fluticasone and salmeterol air HFA) is used to treat wheezing, shortness of					,
	breath, coughing, a asthma. The combine salmeterol (Advair I and treat wheezing, coughing, and ches	nd chest tightness caused by mation of fluticasone and Diskus) is also used to prevent shortness of breath, t tightness caused by chronic ary disease (COPD; a group of					

lung diseases that includes chronic bronchitis and

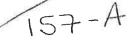
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F 761	salmeterol (Advair Dichildren 4 years of agcombination of flutica HFA) is used in children older. Fluticasone is called steroids. It worthe airways. Salmete medications called lo (LABAs). It works by passages in the lung breathe. This inform website: https://medlineplus.gtml.	smbination of fluticasone and skus) is used in adults and ge and older. The asone and salmeterol (Advair ren 12 years of age and in a class of medications rks by reducing swelling in rol is in a class of ing-acting beta-agonists relaxing and opening air s, making it easier to ation was obtained from the ov/druginfo/meds/a699063.h	F	761			
F 812 SS=E	difficulty breathing, c and coughing caused children 4 years of a of medications called works by decreasing airways to allow for e information was obta https://medlineplus.g tml.		F	812	F 812		
	approved or conside state or local authori (i) This may include	food items obtained directly , subject to applicable State			It is the practice of this fa- to store, prepare, distribute serve food in accordance professional standards for service safety.	and with	5949

STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		495358	B. WING		04/	05/2019
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 812	facilities from using p gardens, subject to c safe growing and foo (iii) This provision do from consuming food \$483.60(i)(2) - Store, serve food in accorda standards for food set This REQUIREMENT by: Based on observation document review, it is facility staff failed to sanitary manner in out. An unopened threatem reported to be 'g staff member) #1 was freezer without manual use-by-date and not the bag. 2. The facility staff famixer in a sanitary manner in out. The findings includes On 04/02/19 at approposervation of the kinosm (other staff memober of the kinosm (other	es not prohibit or prevent produce grown in facility compliance with applicable d-handling practices. The ses not preclude residents is not procured by the facility prepare, distribute and ance with professional ervice safety. The is not met as evidenced on, staff interview, and facility was determined that the store and serve food in a ne of one facility kitchen. The pound bag of an unlabeled ginger liver' by OSM (other is observed stored in the ufacturer expiration date, or abeling of the contents on the facility kitchen.	F 87	On April 2, 2019 the of manager removed discarded the items that not dated or labeled and the mixer recleaned verified its readiness for a	and were d had and se. pecific the es for el and e with actice. DM of the found eled or cleaned	

STATEMENT: OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	(X3) DATE SURVEY COMPLETED	
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AMELIA N	NURSING CENTER	CORRECTED COPY		8830 VIRGINIA STREET AMELIA, VA 23002	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLET
	knew when the item it was going to expiride when the item should have a label or the use-by-date." Observation of the flassembled, sitting of and covered with a the food mixer was OSM # 1 stated, "Ye the bag covering the observation of the flasted to observe the debriasked if the debris with stated yes and agree clean. When asked should be cleaned, use, with soap and water until all debris water until all debris where the clean in clean, damp cloth. The facility staff was storage policies but provided. On 04/03/19 at appreciation of the flasted in the	SM # 1 was asked how he was put in storage and when e, OSM # 1 stated, "I have no is going to expire and the item indicating the expiration date ood mixer revealed it in the food preparation table plastic bag. When asked if cleaned and ready for use, is: "OSM # 1 then removed it food mixer. Further ood mixer revealed debris on and around the handle mixer. OSM # 1 was asked is on the food mixer. When was food debris, OSM # 1 ed the food mixer was not how often the food mixer was not how often the food mixer oSM # 1 stated, "After each water and rinse with warm is are gone." CLEANING" documented, machine power cord before an ing procedure. The mixer y cleaned daily. [DO NOT] in ixer; it should washed with a sask for the kitchen foods no additional information was roximately 6:01 p.m., ASM member) # 1, the # 2, director of nursing, and gional vice president, were	F 8	Dietary Manager or of will complete educated dietary staff regarding: F 812—Food saft labeling requirem Maintaining cless of equipment Kitchen sanitation Newly hired dietary streceive this education orientation. Any PRN staff currently on FMLA, vacation will receive this prior to beginning the scheduled shift IV Beginning 4/29/19 the conduct audits of the land dating of food kitchen and audit	designee designee designee designee designee designee designee designee designees desi

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		CONSTRUCTION	(X3) DÂTE COMP	SURVEY LETED
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		495358	B. WING				05/2019
NAME OF PI	ROVIDER OR SUPPLIER		-	ST	FREET ADDRESS, CITY, STATE, ZIP CODE		
				88	330 VIRGINIA STREET		
AMELIA N	URSING CENTER C	ORRECTED COPY		A	MELIA, VA 23002		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 812	Continued From page	155	F	812	F 814		
1 012			, ,		_	i find	
	made aware of the fin	n was provided prior to exit.			There were no residents ident		5-9-19
□ 014	t .		F :	814	as being affected by the all	egea	
F 814	CFR(s): 483.60(i)(4)	TRefuse Property	' '	514	deficient practice.		
SS=C	CFR(S). 403.00(I)(4)				The Dietary Manager corrected	d the	
	 8483 60(i)(4)- Dispos	e of garbage and refuse			alleged deficient practice	by	
	properly.	o or garbage and revers			removing the glove that was f	ound	
		is not met as evidenced			on the ground behind the dumps		
		n and staff interview, it was			II		
		acility staff failed to maintain			The area surrounding the dur	nnster	-
	the dumpster area in				will be maintained without tra	•	
		•					
	The findings include:				the ground surrounding dumpster.	the	
	One pair of used plas	stic gloves was found lying					
	on the ground around	the facility's trash			III		
	compactor.						
					On or before 5/4/19 the D	ietary	
		p.m., an observation of the			Manager will complete in-s	ervice	
		ctor and garbage dumpster			education for dietary staff rega	rding:	
		DSM, (other staff member), #			,	č	
	1, dietary manager.	ed approximately 50 feet			F 814-Dispose of ga	rhage	
		acility. Observation of the			and refuse properly	Tougo	
		revealed that there was a			and refuse property		
		al dumpster on the ground	1		N. 1. 1. 1. 1	'11	
		them. Further observation	1		Newly hired dietary staff		
		or area revealed one pair of				during	
	used plastic gloves ly	ing on the ground around			orientation. Any PRN staff or		
	the trash compactor.	When asked who was	1		on FMLA, LOA or vacation	ı will	
		ng the trash compactor and		-	receive this training price	r to	
		eaned and picked up, OSM	1		returning to work. The d	ietary	
		nt responsibility between the			department does not employ a	- 1	
		ntenance crew, and the	1	ì	personnel	JJ	
		When asked how often the	8		Porportitor		
		dumpster area was cleaned	Ñ			1	
	up, OSM # 1 stated, '	'l believe maintenance crew		\i			

	AND THE PROPERTY OF THE PARTY O	MEDIO/ (ID OLIVIOLO			
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE			E CONSTRUCTION =	(X3) DATE SURVEY COMPLETED
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		495358	B. WING		04/05/2019
	ROVIDER OR SUPPLIER IURSING CENTER C	ORRECTED COPY		STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA, VA 23002	
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F 814	as we go." When as gloves around the ducompactor, OSM # 1 not be any trash arou am getting rid of it not important to keep the dumpster area clean stated, "To prevent of Facility was asked to regarding the facility and the refuse area was provided. On 04/03/19 at approximation of administrative staff administrative staff administrative staff administrative, ASM # 3, regional vive services, were made to further information of facility must estainfection prevention of a signed to provide comfortable environd development and tradiseases and infection program. The facility must estainfection program.	and the kitchen staff clean ked if there should be used impster and the trash stated, "No, there should and the dumpster area and I ow." When asked why it was a trash compactor and the ed and picked up, OSM # 1 ontamination." It provide their policies is cleaning of the garbage out no additional information oximately 6:01 p.m., ASM, member), # 1, the televal of the findings. In was provided prior to exit. & Control (2)(4)(e)(f) Introl ablish and maintain an and control program a safe, sanitary and then and to help prevent the instrusion of communicable	F 884	Housekeeping Manager complete in-service education housekeeping staff regarding: • F 814-Dispose of gas and refuse properly Newly hired housekeeping star receive this education orientation. Any staff on F LOA or vacation will receive training prior to returning to The housekeeping department not employ agency personnel IV Beginning 5/6/19 the dimanager and the housekeeping supervisor will consequence supervisor will consequence of the dumarea to ensure that	ietary eping nduct is nitary pancy will be esults mitted trment QAPI



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OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING С B. WING 04/05/2019 495358 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET CORRECTED COPY AMELIA NURSING CENTER AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 814 Continued From page 156 cleans the area daily and the kitchen staff clean as we go." When asked if there should be used gloves around the dumpster and the trash compactor, OSM # 1 stated, "No, there should not be any trash around the dumpster area and I am getting rid of it now." When asked why it was important to keep the trash compactor and the dumpster area cleaned and picked up, OSM # 1 stated, "To prevent contamination." Facility was asked to provide their policies regarding the facility's cleaning of the garbage and the refuse area but no additional information was provided. On 04/03/19 at approximately 6:01 p.m., ASM, (administrative staff member), # 1, the administrator, ASM # 2, director of nursing, and ASM # 3, regional vice president of clinical services, were made aware of the findings. No further information was provided prior to exit. F 880 Infection Prevention & Control F 880 CFR(s): 483.80(a)(1)(2)(4)(e)(f) SS=D §483.80 Infection Control The facility must establish and maintain an F 880 infection prevention and control program designed to provide a safe, sanitary and It is the practice of this facility comfortable environment and to help prevent the to establish and maintain an development and transmission of communicable infection prevention and control diseases and infections. program designed to provide a §483.80(a) Infection prevention and control safe, sanitary and comfortable environment and to The facility must establish an infection prevention prevent the development and and control program (IPCP) that must include, at transmission of communicable

a minimum, the following elements:

diseases and infections.

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 880	reporting, investigatinand communicable distaff, volunteers, visit providing services un arrangement based us conducted according accepted national states §483.80(a)(2) Written procedures for the procedures for the protection of the procedures for the procedures for the procedures for the procedures for the procedures for the procedures for the procedures for the procedures for the procedures for the procedures for the procedures for the procedures for the procedure for the p	em for preventing, identifying, g, and controlling infections seases for all residents, ors, and other individuals der a contractual pon the facility assessment to §483.70(e) and following ndards; standards, policies, and ogram, which must include, llance designed to identify ole diseases or can spread to other; m possible incidents of se or infections should be dismission-based precautions tent spread of infections; olation should be used for a trunt limited to: attion of the isolation, infectious agent or organism to the isolation should be the ole for the resident under the se under which the facility dees with a communicable kin lesions from direct to the disease; and procedures to be followed	F	880	residents identified in statement of deficient related to staff touching surface of plates being surface of plates being surface of plates being surface of plates will infection control praduring the completion treatments	rrent s of the the the pative the pecific the encies the encies of the follow ctices of follow ctices a of follow ctices a of		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 880	identified under the f corrective actions tal §483.80(e) Linens. Personnel must hand transport linens so a infection. §483.80(f) Annual re The facility will condu IPCP and update the This REQUIREMEN' by: Based on observation document review and was determined the infection control praction the survey sample in the medication and (Resident #23), and rooms, (main dining 1. The facility staff far practices during a will resident #34. 2. The facility staff printo a gloved hand the medication cart and medication to Resident #34.	em for recording incidents acility's IPCP and the ken by the facility. dle, store, process, and so to prevent the spread of eview. Luct an annual review of its eir program, as necessary. To is not met as evidenced eview, it facility acility double clinical record review, it facility staff failed to follow evices for one of 47 residents evand for one of six residents evand for one facility dining room). Sailed to follow infection control cound are observation for expepted Resident #23's pills that had just touched the then administered the ent #23.	F 8	On or before 5/4/19 the Managers, or designee an in-service education licensed nurses and agregarding: F 880 Prevention and include medicinfection printinfection contreatments. Use of ghandwashing removering infection paragoverning infection paragoverning infection during orient PRN staff or those FMLA, LOA or vareceive this education beginning their next school or before 5/4/19 the Managers, or designee an in-service education staff to include agregarding:	will conduct in for facility gency nurses —Infection d Control to cation pass inciples and strol during gloves and equirements. It is principles better that the control of the control o		
	3. The facility staff failed to serve food to the residents in a sanitary manner during a dining room observation. Staff were observed touching the food surface of plates that were then served to residents. The findings include:			• F 880 Prevention and	arrying and		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A, BUILDING			
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				IV			
F 880	Continued From p	age 159	F 880				
				Beginning 5/6/19 the DON,	Unit		
	1. The facility staff	failed to follow infection control	İ	Managers, Infection Co	ntrol		
		wound care observation for		nurse or designee will cor	nduct		
	Resident # 34.			an audit of completion			
				dressing changes to verify			
		s admitted to the facility on		infection control practices			
		iagnoses that included but were	!	maintained during dre			
		iratory failure, diabetes mellitus		changes. Any discrep	- 1		
		ronic disorder of metabolism		noted during the audit wi			
		al or total lack of insulin		addressed at that time			
		ancreas (1)], chronic kidney		immediate education to			
		hemodialysis [a procedure used		1 11111			
		and renal [kidney] failure, in impurities are removed from		staff member. Results of			
		ecial machine (2)], and	1	audit will be submitted by			
	depression.	coar macrime (2), and			urse,		
	depression.			1	QAPI		
	The most recent A	ADS (minimum data set)		committee for its review	and		
		edicare 14 day assessment,		recommendations.			
		nt reference date of 3/23/19,					
	coded the residen	t as scoring a "15" on the BIMS		Beginning 5/6/19, the I	DON,		
		mental status) score, indicating		Unit Managers, Infe	ction		
		ly intact to make daily cognitive		Control nurse or designee			
		nt #34 was coded as requiring	1	conduct random audits			
		nce of one staff member for		medication pass observa	tions		
	most of her activit	ies of daily living.	a i	to verify that infection co			
			1	practices are maintained d			
		made on 4/5/19 at 7:50 a.m. of		medication pass.	Any		
		in, accompanied by RN #1. RN #1 proceeded to gather		discrepancy noted during	- 1		
		ke in the room. RN #1 was	j	audit will be addressed at			
		er computer into the resident's		time with immediate educ	· ·		
		it on a stack of the resident	-1	to the staff member. Resu			
		resident's chair. She also			V.		
		of wound measuring plastic		the audit will be submitte			
		the box on the resident's bed,			urse,		
		ets. The resident's sheet and		• •	QAPI		
		ed back to the footboard of the		committee for its review	and		
		he box of wound measuring		recommendations.			

	T OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3) DATE SURVEY COMPLETED				
			A BOLESINO		С		
		495358	B. WING_			04/05/2019	
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F 880	plastic sheets and plaback sheets, placing resident's bed. The olwith no observed conskin. Resident #34 as blankets in her bag th #1 picked up her comresident's bed. Then blankets in the bag as washed her hands. So computer and the box plastic sheets and platreatment cart outside then used hand sanitithe treatment cart. An interview was conat 8:00 a.m. RN #1 was to bring the computer it on a resident's persplace it on the residenguess not." When as put the computer on shed, RN #1 stated, "I reasons." RN #1 was observation of the worth the resident's bed line following infection constated, "No, I guess rethe whole box."	aced them on the folded it in the inside of the bservation was completed ocerns with the resident's sked RN #1 to put her nat she takes to dialysis. RN aputer and placed it on the proceeded to put the sequested. RN #1 then he then picked up her of wound measuring aced them on top of the ethe resident's room. RN #1 dizer and walked away from ducted with RN #1 on 4/5/19 has asked if it is acceptable into a residents room, place sonal belongings, and then not's bed. RN #1 stated, "I ked why the staff should not someone's belongings or guess for infection control informed of the above ound measuring sheets on eas. When asked if this was	F	380	Beginning 5/6/19 the DON, Managers, Dietary Managers, Dietary Managers, Infection control nurse designee will conduct an a of food delivery to ensinfection control practices maintained. This audit take place 5 days per week 1 week and cover all 3 m then weekly for 7 weeks random meals during the da Any discrepancy noted duthe audit will be addressed that time with immededucation to the staff mem Results of the audit will submitted by the Infection to the staff mem Results of the audit will submitted by the Infection to the staff mem Results of the audit will submitted by the Infection to the staff mem Results of the audit will submitted by the Infection to the staff mem Results of the audit will submitted by the Infection to the staff mem Results of the audit will submitted by the Infection to the staff mem Results of the audit will submitted by the Infection to the staff mem Results of the audit will submitted by the Infection to the staff mem Results of the audit will submitted by the Infection to the staff mem Results of the audit will submitted by the Infection to the staff mem Results of the audit will submitted by the Infection to the staff mem Results of the audit will submitted by the Infection to the staff mem Results of the audit will submitted by the Infection to the staff mem Results of the audit will submitted by the Infection to the staff mem Results of the audit will submitted by the Infection to the staff mem Results of the audit will submit the audit will submit the audit will be addressed the audit will be addressed the audit will be addressed the audit will be addressed the audit will be addressed the audit will be addressed the audit will be addressed the audit will be addressed the audit will be addressed the audit will be addressed the audit will be addressed the audit will be addressed the audit will be addressed the audit will be addressed the audit will be addressed the audit will be addressed the audit will be addressed the audit will be addressed the audit will be addressed the audit	ger, or udit sure are will for eals at y. ring d at liate ber. ber.	
	on 4/5/19 at 10:35 a.r appropriate to take th treatment and medica	e computer, used on the ation administration carts, om to do wound care, ASM					
	, treatment cart." When	n asked if the computer					0

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY IPLETED
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F 880	should be placed on belongings and on the shouldn't be in the remade aware of the accordance of the ac	the resident's personal ne bed, ASM #2 stated, "It com at all." ASM #2 was above concern at this time. Image: Asm #2 was above concern at this time. Image: Asm #2 was made of esident of clinical services, for king equipment used by into a resident's room and and on a resident's personal oped. At 3:13 p.m. ASM #3 I not have a policy on the stated, "It's normal practice not room when performing on was obtained prior to exit. In yof Medical Terms for the result of the existing of Medical Terms for the result of the existing of the exist	F			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 880	medication administ (Licensed Practical I administering medic Resident #23. On 4/3/19 at 8:21 a. washing her hands, with her keys, and th hands. LPN #2 ther drawer with her glov one of Resident #23 pop the pill into her githe pill into the medication cup. LP of Resident #23's medication pa gloved hand and the medication cup. LP of Resident #23's medication cup the medication cart with the medication cart with the medication cup the medication cup the medication cup the medication cup the medication cup the medication cup the medication cup the medication cup the medication cup the medication cup the medication cup the medication cup the medication cup the medication cup the medication cup the medication cup the medication cup the medication cup the medication cup the medication administ medication administ administration administrati	8:40 a.m., an observation of ration was observed. LPN Nurse) #2 was observed ations during this time to m., LPN #2 was observed opening the medication cart are putting gloves on her opened the medication cart and placed the medication cart and placed the medication packets and gloved hand and then placed cation cup. LPN #2 was another one of Resident cokets popping the pill into the N #2 pulled out another one adication packets, popped and hand, and then place the on cup. LPN #2 then locked with her gloved hand, picked up with her gloved hand and esident #23. b.m., an interview was (Licensed Practical Nurse) cess of infection control for ration. When asked about the	F8				
	sang the birthday so administered his (Re (medications) per or without having glove packs and removed same gloves on as l	ed, "I washed my hands first, ng, and put on gloves. I esident #23) meds der. I opened the cart is on. I took out the bubble the meds over a cup with the identified the meds. One pill I I disposed of it and got a					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	TIPLE CONSTRUCTION :7		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		SHOULD BE		(X5) COMPLETION DATE
F 880	new pill." When asked were placed into her ginto the cup, LPN #2 was asked if she was measures, she stated ma'am, I wasn't." When the issues with infection administra "The issues were when and the pill packets was a review of the facility documented in part, "employees for proper handwashing that will infection." A review of the facility Medications are administrations are administration of medications was administration of medications." On 4/4/19 at 4:15 PM Member) #1, the administration of Nurselection of Nurselection of Nurselection was a series was a s	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 163 new pill." When asked if any of the medications were placed into her gloved hand and then placed into the cup, LPN #2 stated, "No." When LPN #2 was asked if she was adhering to infection control measures, she stated, "I probably wasn't. No ma'am, I wasn't." When LPN #2 was asked what he issues with infection control during her medication administration were, LPN #2 stated, "The issues were when I opened the cart drawer and the pill packets with the same gloves on." A review of the facility's policy "Handwashing" documented in part, "To provide guidelines to employees for proper and appropriate mandwashing that will aid in the prevention of infection." A review of the facility's policy "Administration of Medications" documented in part, "All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms, and help in diagnosisWash hands before and after each administration of medication or hand sanitizer as appropriate." On 4/4/19 at 4:15 PM, ASM (Administrated Staff Member) #1, the administrator and ASM #2, the DON (Director of Nursing) were made aware of the findings. No further information was provided		880			
	makes it hard for you types are chronic bro. The main cause of Co to substances that irri. This is usually cigaret	ve Pulmonary Disease to breathe. The two main nchitis and emphysema. OPD is long-term exposure itate and damage the lungs- tte smoke. Air pollution, ust can also cause it." This					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			X2) MULTIPLE CONSTRUCTION A, BUILDING			
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F 880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 164 information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query- meta?v%3Aproject=medlineplus&v%3Asources= medlineplus-bundle&query=copd&_ga=2.160000 441.566140716.1522143307-139120270.147794 2321 (2) Solidary Pulmonary Nodule: is an isolated, single lesion in a round or oval shape with a diameter of ?3 cm (centimeters) in lung parenchyma (the portion of the lung involved in gas transfer), surrounded entirely by gas-containing lung tissue. This information was obtained from the website: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC38 86703/ 3. The facility staff failed to serve food to the residents in a sanitary manner during a dining room observation. Staff were observed touching the food surface of plates that were then served to residents. On 4/2/19 between 12:12 and 1:15 p.m., an observation of the main dining room was conducted. OSM (Other Staff Member) #2 was observed lifting a packet of bread, and a butter packet, then placed them onto her left arm. OSM #2 then lifted a bowl of vegetables with her thumb above the top of the rim of the bowl and when she placed the bowl on the table, she touched the		F	880				
	bringing a saucer with a resident and had he the saucer. OSM #3	n., OSM #3 was observed the grilled cheese sandwich to the rim of the rim of the touched the top of the there as she was removing the	8					

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OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING_ С 495358 04/05/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8830 VIRGINIA STREET **CORRECTED COPY AMELIA NURSING CENTER** AMELIA, VA 23002 (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 880 F 880 Continued From page 165 wrapping and placed the desert saucer on the table. On 4/4/19 at 8:17 a.m., an interview was conducted with CNA #1. When CNA #1 was asked to demonstrate how to serve resident's plates, she demonstrated lifting the plate from the bottom. When CNA #1 was asked to demonstrate how to remove plastic wrap from a plate, she demonstrated removing the plastic wrap and then placed her thumb on the edge of the top of the rim of the plate. When CNA #1 was asked where she placed her thumb, she stated "It was on the side." When the surveyor pointed out to CNA #1 that her thumb was on the edge of the top of the rim of the plate, CNA #1 stated, "It should not be there. Your hands should not be where the resident's food is at." When CNA #1 was asked why bare fingers or thumbs should not touch the top of the rim of the plates, CNA #1 stated, "Infection. You don't want your hands to touch their food. We had two meetings for the dining room to serve food in a more restaurant style and how to hold the plates." A review of the facility's policy "Handwashing" documented in part, "To provide guidelines to employees for proper and appropriate handwashing that will aid in the prevention of infection." On 4/4/19 at 4:15 PM, ASM (Administrated Staff Member) #1, the administrator and ASM #2, the DON (Director of Nursing) were made aware of the findings. No further information was provided by the end of the survey. In "Fundamentals of Nursing, Lippincott Williams

and Wilkins 2007 page 140-143" "The hands are

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